

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J66730 (9)

1. Corporation Name

INDIAN BAY ESTATES, INC.



Principal Place of Business

Mailing Address

401 OCEAN AVE.
STE. #201
MELBOURNE BEACH FL 32951
US

215 BALLYSHANNON ST
STE C502
MELBOURNE BEACH FL 32951
US

3. Date Incorporated or Qualified
04/10/1987

3a. Date of Last Report
06/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2788643

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSLEY, CURTIS R.
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HESSEE, CLAUDE T.
STREET ADDRESS 215 BALLYSHANNON ST. 201
CITY - ST - ZIP MELBOURNE BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME 215 Glengarry Ave.
1.3 STREET ADDRESS Melbourne Beach, Fl. 32951-3138
1.4 CITY - ST - ZIP

TITLE VPD ☐ DELETE
NAME HESSEE, MARK S.
STREET ADDRESS 4695 SEMINOLE TRAIL
CITY - ST - ZIP MERRITT ISLAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE STD ☐ DELETE
NAME HESSEE, PATRICIA A.
STREET ADDRESS 215 BALLYSHANNON ST. 201
CITY - ST - ZIP MELBOURNE BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME 215 Glengarry Ave.
3.3 STREET ADDRESS Melbourne Beach, Fl. 32951-3138
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Patricia A. Hessee

Patricia A. Hessee Sec/treasurer 4-13-96 407-952-8372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)