

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 # L67796 (7)

1. Corporation Name

INDIAN BAY RETREAT INC.



Principal Place of Business

1227 OSOWAW BLVD
SPRING HILL FL 34607

Mailing Address

1227 OSOWAW BLVD
SPRING HILL FL 34607

3. Date Incorporated or Qualified
04/23/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-3112411

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

9. Name and Address of Current Registered Agent

POSEY, JOHN V.
1227 OSOWAW BLVD
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

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 officer, director, or trustee

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
D POSEY, JOHN V.
STREET ADDRESS
1227 OSOWAW BLVD
CITY, ST, ZIP
SPRING HILL FL

DELETE

2. TITLE
NAME
D POSEY, PATRICIA C.
STREET ADDRESS
1227 OSOWAW BLVD
CITY, ST, ZIP
SPRING HILL FL

DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

Change Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

Change Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

Change Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

Change Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

Change Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96 904-6839327

CR2E034 (12/95)