

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90101 002 ****61.25

DOCUMENT # N01498

1. Entity Name

INDIAN HARBOUR BEACH CLUB CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

2055 HWY. A1A

102

INDIAN HARBOUR BEACH FL 32937

Mailing Address

2055 HWY. A1A

102

INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2375462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
MAITLAND CENTER
2500 MAITLAND CTR PKWY STE 209
MAITLAND FL 32751

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW - FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME ENGLISH, ROCCO
STREET ADDRESS 2819 ROCKINGHAM CIR.
CITY-ST-ZIP ORLANDO FL

TITLE S ☒ Delete
NAME ABSHIRE, WILLIAM
STREET ADDRESS 675 CANAL CT
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D ☐ Delete
NAME SIENBERG, VICTOR
STREET ADDRESS 145 NEWGATE RD
CITY-ST-ZIP EAST GRANBY CT 06026

TITLE P ☒ Delete
NAME SCHILOWITZ, ALICIA
STREET ADDRESS 31 MAITLAND GROVE RD
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ Delete
NAME ROCHELLE RICHAMN
STREET ADDRESS 503 LISA LANE
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME PAT GOODWIN
STREET ADDRESS 53 MARION ST
CITY-ST-ZIP LYND BROOK, NY 11563

TITLE VPD ☒ Change ☐ Addition
NAME VICTOR SVENBERG
STREET ADDRESS
CITY-ST-ZIP *Spelling*

TITLE P ☐ Change ☒ Addition
NAME Rob GATTO
STREET ADDRESS 2812 Deening Bay Dr
CITY-ST-ZIP NAPERVILLE, IN 60564

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* VICTOR SVENBERG 2-15-06 (321) 777-6809