


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01498**

1. Entity Name  
**INDIAN HARBOUR BEACH CLUB CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business <b>2055 HWY. A1A # 102 INDIAN HARBOUR BEACH, FL 32937</b>	Mailing Address <b>2055 HWY. A1A # 102 INDIAN HARBOUR BEACH, FL 32937</b>
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**DO NOT WRITE IN THIS SPACE**



02252007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2375462</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000661840 03/20/07-80058-011 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ENGLISH, ROCCO 2819 ROCKINGHAM CIR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOODWIN, PAT 53 MARION ST LYNBROOK, NY 11563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD SUENBERG, VICTOR 145 NEWGATE RD EAST GRANBY, CT 06026
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GATTO, ROB 2812 DEENING BAY DR NAPERVILLE, IL 60564
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROCHELLE RICHAMN 503 LISA LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Rocco English  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07 321-773-3797  
Date Daytime Phone #

*Rocco English*