2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01498

FILED Jun 23, 2009 Secretary of State

Entity Name: INDIAN HARBOUR BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
2055 HWY. A1A # 102 INDIAN HARBOUR BEACH, FL 32937		2055 HWY. A1A INDIAN HARBOUR BEACH, FL 32937	
Current Mailing Address:		New Mailing Address:	
2055 HWY. A1A # 102 INDIAN HARBOUR BEACH, FL 32937		2055 HWY. A1A INDIAN HARBOUR BEACH, FL 32937	
FEI Number: 59-2375462 FEI Number Applied For() FEI Num In accordance with s. 607.193(2)(b), F.S., the corporation did not receive to Name and Address of Current Registered Agent:		mber Not Applicable() Certificate of Status Desired() the prior notice. Name and Address of New Registered Agent:	
MAITLAND 2500 MAIT MAITLAND	POLIAKOFF, P.A. CENTER LAND CTR PKWY STE 209 CENTER CONTROL OF THE PROPERTY OF THE PURPOSE OF TH	of changing its registered	d office or registered agent, or both,
	of Florida.		
SIGNATURE: Electronic Signature of Registered Agent			 Date
OFFICEDS	S AND DIRECTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	S () Delete ENGLISH, ROCCO 2819 ROCKINGHAM CIR. ORLANDO, FL	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete GOODWIN, PAT 53 MARION ST LYNBROOK, NY 11563	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD () Delete SUENBERG, VICTOR 145 NEWGATE RD EAST GRANBY, CT 06026	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () Delete GATTO, ROB 2812 DEENING BAY DR NAPERVILLE, IL 60564	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete ROCHELLE RICHAMN 503 LISA LANE MAITLAND, FL 32751	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA LYNN DIGIOVANNI MGR 06/23/2009