2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004772

FILED Apr 28, 2009 Secretary of State

Entity Name: INDIALANTIC ONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2715 N. HARBOR CITY BLVD. 601 N. MIRMAR AVE. MELBOURNE, FL 32901 INDIALANTIC, FL 32903

Current Mailing Address: New Mailing Address:

2715 N. HARBOR CITY BLVD. 645 CLASSIC CT.

MELBOURNE, FL 32901 STE. 104

MELBOURNE, FL 32940 US

FEI Number: 55-0827313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRESE, GARY B SPACE COAST PROPERTY MANAGEMENT 930 S HARBOR CITY BLVD STE 505 645 CLASSIC CT.

MELBOURNE, FL 32901 US STE. 104
MELBOURNE, FL 32940 US

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.

SIGNATURE: CINDY MARRS 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 MAYES, JAMES A
 Name:
 MAYES, JAMES A

 Address:
 2715 N. HARBOR CITY BLVD.
 Address:
 601 N. MIRMAR

 City-St-Zip:
 MELBOURNE, FL 32901
 City-St-Zip:
 INDIALANTIC, FL 32903

Title: V () Delete Title: VP (X) Change () Addition Name: UHLAND, RONALD J Name: SCHUMANN, CAROLYN

 Address:
 2715 N. HARBOR CITY BLVD.
 Address:
 601 N. MIRMAR AVE. #214

 City-St-Zip:
 MELBOURNE, FL 32901
 City-St-Zip:
 INDIALANTIC, FL 32903 US

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 MAYES, JAMES L
 Name:
 MAYES, JAMES L

 Address:
 2715 N. HARBOR CITY BLVD.
 Address:
 601 N. MIRMAR

City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: INDIALANTIC, FL 32903 US

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: JAMES MAYES P 04/28/2009