


FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90015 006 ****70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000010532			
1. Entity Name INDIAN OAKS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2704 2ND ST INDIAN ROCKS BEACH, FL 33795		Mailing Address 2828 EAST VIKING RD LAS VEGAS, NV 89121	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5995 Gladstone Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Colorado Springs, CO	
Zip		Zip 80906-8249	
Country		Country USA	
4. FEI Number 20-3661025		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOORE, STEVEN W 8200 BRYAN DAIRY RD SUITE 300 LARGO, FL 33777		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTITTA, SALVATOR 2828 EAST VIKING RD LAS VEGAS, NV 89121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Butitta, Salvador 5995 Gladstone St. Colorado Springs, CO 80906-8249 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BUTITTA, PHYLLIS 2828 EAST VIKING RD LAS VEGAS, NV 89121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Butitta, Phyllis 5995 Gladstone St. Colorado Springs, CO 80906-8249 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Salvator Butitta</i>		SIGNATURE: <i>Salvator Butitta</i> 3/5/08	
SIGNATURE: <i>Phyllis Butitta</i>		SIGNATURE: <i>Phyllis Butitta</i> 3/5/08	

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SIGN & DATE