

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011472

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** SOUTH INDIAN RIVER ISLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10 PALMER ROAD  
SUITE H  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

10 PALMER ROAD  
SUITE H  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 35-2301329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALTMAN, T A  
10 PALMER ROAD  
SUITE H  
INDIAN HARBOUR BEACH, FL 32937 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALTMAN, T.A.  
Address: 10 PALMER ROAD, STE H  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: TD  
Name: ALTMAN, MELISSA  
Address: 6310 CAPSTAN COURT  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD  
Name: ALTMAN, MARY PAT  
Address: 2237 ROCKLEDGE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby 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 all other like empowered.

SIGNATURE: T.A. ALTMAN

PD

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date