2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N41662

1. Entity Name
INDIAN OAKS OF VERO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
530 47TH AVENUE VERO BEACH, FL 32968	530 47TH AVENUE VERO BEACH, FL 32968

DO NOT WRITE IN THIS SPACE

03292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3480272
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEARER, JEANIE
440 46TH COURT
VERO BEACH, FL 32968

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEARER, JEANIE
STREET ADDRESS	440 46TH COURT
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	VD
NAME	VOYLES, QUENTIN
STREET ADDRESS	445 46TH COURT
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	SD
NAME	NORRIS, BEVERLY
STREET ADDRESS	520 46TH COURT
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	TD
NAME	FORD, JUDY
STREET ADDRESS	530 47TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/07/04-80021-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

772.

SIGNATURE: Judith A Ford Judith A Ford 4/1/04 562-5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #