

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

**DO NOT WRITE
IN THIS SPACE**

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
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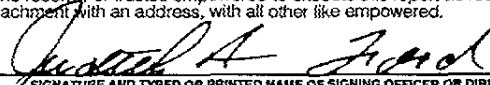
10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 817, 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.

SIGNATURE:  **Judith A Ford** 9/16/04 562-5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #