

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90331 016 \*\*\*\*61.25

**DOCUMENT # N41662**

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



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

Mailing Address  
**530 47TH AVENUE  
VERO BEACH, FL 32968**

**50039785**



01262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 <i>Change to: Sarah LaPlant</i>
NAME	NORRIS, BEVERLY
STREET ADDRESS	525 47th Ave.
CITY-ST-ZIP	520 46TH COURT VERO BEACH, FL 32968 <i>32968</i>
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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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 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.

**SIGNATURE:**

*Jeanie P. Shearer*  
**Jeanie P. Shearer**

**4-15-05**

**712-770-3711**

Date

Daytime Phone #