


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90042 031 \*\*\*\*61.25

<b>DOCUMENT # N41662</b>	
1. Entity Name <b>INDIAN OAKS OF VERO HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>530 47TH AVENUE 415 46TH COURT VERO BEACH, FL 32968</b>	Mailing Address <b>530 47TH AVENUE 415 46TH COURT VERO BEACH, FL 32968</b>
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03052008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3480272</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~FORD, JUDY~~ **MORT DAVIS**  
~~530 47TH AVE~~ **415 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 **Mort Davis, President** **April 7, 2008**  
Signature based on printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DAVIS, MORT</b> <b>415 46TH CT</b> <b>VERO BEACH, FL 32968</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>MROZ, BARBARA</b> <b>545 46TH CT</b> <b>VERO BEACH, FL 32968</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>LAPLANT, SARAH</b> <b>525 47TH AVE.</b> <b>VERO BEACH, FL 32968</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <del><b>FORD, JUDY</b></del> <b>MOVED TO TN</b> <del><b>530 47TH AVENUE</b></del> <b>April 2, 2008</b> <del><b>VERO BEACH, FL 32968</b></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mort Davis, President** **April 7, 2008** **(772) 778-0433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**MORT DAVIS**