

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45605**

1. Entity Name  
**INDIAN COVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**314 WIND RUSH BOULEVARD  
INDIAN ROCKS BEACH, FL 33785 US**

Mailing Address  
**314 WIND RUSH BOULEVARD  
UNIT 16  
INDIAN ROCKS BEACH, FL 33785 US**



04262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, MILTON R  
314 WINDRUSH BLVD  
UNIT 13  
INDIAN ROCKS BEACH, FL 33785**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000937999

05/27/08-80072-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	JOHNSON, MILTON
STREET ADDRESS	314 WINDRUSH BLVD #13
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL
TITLE	D
NAME	NEUMULLER, GUNTER
STREET ADDRESS	314 WINDRUEH BLVD #8
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	VD
NAME	SHOBACK, STEVE
STREET ADDRESS	314 WINDRUSH BLVD UNIT #7
CITY-ST-ZIP	INDIAN ROCKS BCH, FL
TITLE	PD
NAME	WRIGHT, GREGORY L
STREET ADDRESS	314 WINDRUSH BLVD., UNIT #4
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Milton Johnson* **MILTON JOHNSON** SEC. **4-28-08 (787) 517-3435**  
TRES.