2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47511

Apr 12, 2006 Secretary of State

Entity Name: INDIAN BAY ESTATES PHASE II COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 W SR 434 STE 5000

LONGWOOD, FL 32779

New Mailing Address: Current Mailing Address:

2180 W SR 434 STE 5000

LONGWOOD, FL 32779 US

FEI Number: 59-3165824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR 2180 W SR 434 STE 5000 US LONGWOOD, FL 32779

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HOLDEN, PARKER JONES, ROBIN Name: Name: 530 INDIAN BAY BLVD. Address: 550 INDIAN BAY BLVD Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Delete Title: SD (X) Change () Addition HORN, CHRISTINA Name: NEEDHAM, DONNA Name:

Address: 565 INDIAN BAY BLVD Address: 460 INDIAN BAY BLVD City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Delete Title: VPD (X) Change () Addition

IACABUCCI, HELEN IACABUCCI, HELEN Name: Name: 560 INDIAN BAY BLVD. 560 INDIAN BAY BLVD. Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953

() Delete Title: TD Title: TD (X) Change () Addition

MOTT, TOM Name: Name: WILLIAMS, JIM 545 INDIAN BAY BLVD 525 INDIAN BAY BLVD Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953

Title: PD () Delete Title: ASD (X) Change () Addition

COON, ROBIN HARRIS, GERRY Name: Name: 550 INDIAN BAY BLVD 635 APACHE TR Address: Address:

MERRITT ISLAND, FL 32953 City-St-Zip: City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN JONES PD 04/12/2006