

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47511

FILED  
Mar 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-3165824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, ROBIN  
Address: 550 INDIAN BAY BLVD  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD ( ) Delete  
Name: IACABUCCI, HELEN  
Address: 560 INDIAN BAY BLVD.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD ( ) Delete  
Name: WILLIAMS, JIM  
Address: 525 INDIAN BAY BLVD  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ASD ( ) Delete  
Name: HARRIS, GERRY  
Address: 635 APACHE TR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD ( ) Delete  
Name: FRAME, REN  
Address: 505 APACHE TR  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

03/16/2009

Electronic Signature of Signing Officer or Director

Date