

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005023

1. Entity Name

THE INDIES HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1275 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

1275 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2264263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, JAMES C
1275 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HARRIS, JAMES
1275 OCEAN SHORE BLVD
ORMOND BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COOPER, GLEN
1275 OCEAN SHORE BLVD
ORMOND BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
COOPER GLENN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LAUBERT, RON
1275 OCEAN SHORE BLVD.
ORMOND BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
DUNN RICHARD
7611 LAUDEN DRIVE
LAKE WORTH FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUEGAN, TAMMERSON
2041 SE 5TH ST
OCALA FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SCHLOMEYER, BOB
128 N RIVERSIDE DRIVE
LOVELAND OH 45140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02
GLENN COOPER
386-441-7047

Date

Daytime Phone #

FILED

Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90082 031 ****61.25

80013620



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)