

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90049 019 \*\*\*\*61.25

**DOCUMENT # N94000005023**

1. Entity Name

**THE INDIES HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

1275 OCEAN SHORE BLVD.  
ORMOND BEACH FL 32176

Mailing Address

1275 OCEAN SHORE BLVD.  
ORMOND BEACH FL 32176

**50016549**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2264263**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DUNN, RICHARD**  
CITY-ST-ZIP **7611 LAUDEN DRIVE**  
**LAKE WORTH FL 33467**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **C. D**  
STREET ADDRESS **COOPER, SCANNE**  
CITY-ST-ZIP **4081 CHAMPA LANE**  
**ORMOND BEACH FL 32174**

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

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

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

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

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

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:

*Robert P. Schilomeyer* **ROBERT P. SCHILOMEYER** 2/9/05 441-7047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #