

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90017 042 ****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**



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

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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

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

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

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

TITLE **CD** ☐ Delete
NAME **COOPER, JOANNE**
STREET ADDRESS **4081 CHIMPA LANE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **HARRIS JAMES**
STREET ADDRESS **1275 OCEAN SHORE BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

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

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **RICHARD HUBER**
STREET ADDRESS **8200 JULIE MARIE DR.**
CITY-ST-ZIP **WEST CHESTER, OH 45069**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Robert P. Schildmeyer* **ROBERT P. SCHILDMAYER-20-OC 386-441-7047**