


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
02-12-2007 10:44 AM  
FN94000005023

<b>DOCUMENT # N94000005023</b>																										
1. Entity Name <b>THE INDIES HOUSE CONDOMINIUM ASSOCIATION, INC.</b>																										
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country																							
6. Name and Address of Current Registered Agent <b>HARRIS, JAMES C 1275 OCEAN SHORE BLVD. ORMOND BEACH FL 32176</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____																								
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																								
<b>Make Check Payable to Florida Department of State</b>																										
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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: <i>Richard Winslow</i>		DATE: <i>2-1-07</i>																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND PHONE NUMBER																								

07 FEB 27 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/06)

4. FEI Number **59-2264263** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Signature: *Richard Winslow* Date: *2-1-07* Phone: *386-441-7047*