

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**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**



01052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

TITLE VD  
NAME DUNN, RICHARD  
STREET ADDRESS 7611 LAUDEN DRIVE  
CITY-ST-ZIP LAKE WORTH, FL 33467

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

TITLE D  
NAME HUBER, RICHARD  
STREET ADDRESS 8200 JULIE MARIE RD.  
CITY-ST-ZIP WEST CHESTER, OH 45069

TITLE D  
NAME ADAMS, GARRY  
STREET ADDRESS 4695 STATE RD 132  
CITY-ST-ZIP BARAVIA, OH 45103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000776560  
01/09/08-80029-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**1-5-08**

Date

**386-441-7047**

Daytime Phone #