

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90050 046 *****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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRIS, JAMES	
STREET ADDRESS	1275 OCEAN SHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COOPER, CLENN	
STREET ADDRESS	1275 OCEAN SHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, RICHARD	
STREET ADDRESS	7611 LAUDEN DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUEGAN, TAMMERSON	
STREET ADDRESS	2041 SE 5TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHILOMEYER, BOB	
STREET ADDRESS	128 N RIVERSIDE DRIVE	
CITY-ST-ZIP	LOVELAND OH 45140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bob Schilomeyer

BOB SCHILOMEYER

1-3-03

386-441-7047

CR2E037 (10/02)