

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90240 039 ****61.25

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01062005 Chg-NP CR2E037 (10/03)

DOCUMENT # N96000002931					
1. Entity Name INDIAN KEY AT CORAL BAY VILLAGE ASSOCIATION, INC.					
Principal Place of Business 953 UNIVERSITY DR CORAL SPRINGS, FL 33071			Mailing Address 953 UNIVERSITY DR CORAL SPRINGS, FL 33071		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0814426	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INTEGRITY PROPERTY MANAGEMENT 953 UNIVERSITY DR CORAL SPRINGS, FL 33071			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, WILLIAM			NAME	
STREET ADDRESS	6263 NAVAJO TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, LLOYD			NAME	
STREET ADDRESS	6323 NAVEJO TERR			STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 330638359			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARMAN, JAY			NAME	MARAJH, JAY
STREET ADDRESS	6212 SEMINOLE TERRACE			STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33063			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRASSO, ANNETTE			NAME	
STREET ADDRESS	6295 NAVAJO TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, DAN			NAME	
STREET ADDRESS	6173 SEMINOLE TERR.			STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <u>William M. G...</u>				Date: <u>4/18/2005</u> Daytime Phone #: <u>954-972-3455</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					