

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723414

**FILED**  
**Mar 10, 2021**  
**Secretary of State**  
**1928056596CC**

**Entity Name:** THE CONDOMINIUMS OF INDIAN HARBOUR ASSOCIATION, INC.

**Current Principal Place of Business:**

412 SCHOOL ROAD  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

2040 HIGHWAY A1A  
SUITE 208  
INDIAN HARBOUR BEACH, FL 32937 US

**FEI Number:** 59-1483721

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VESTA PROPERTY SERVICES  
2040 HIGHWAY A1A  
SUITE 208  
INDIAN HARBOUR BEACH, FL 32937 US

*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.*

**SIGNATURE:** BRENDA GROCHOWSKI

03/10/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GALE, KIM  
Address        2040 HIGHWAY A1A  
                  SUITE 208  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            DIRECTOR AT LARGE  
Name            HEFFLER, RONALD  
Address        2040 HIGHWAY A1A  
                  SUITE 208  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            VP  
Name            DORIS, ED  
Address        2040 HIGHWAY A1A  
                  SUITE 208  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            TREASURER  
Name            DILLON, DAVID  
Address        2040 HIGHWAY A1A  
                  SUITE 208  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            SECRETARY  
Name            LORFING, MIKE  
Address        2040 HIGHWAY A1A  
                  SUITE 208  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIM GALE

**PRESIDENT**

03/10/2021

Electronic Signature of Signing Officer/Director Detail

Date