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NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761230

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INDIAN SANDS CONDOMINIUM ASSOCIATION, INC.

	OANDO CONDOMINIOM /	SSUCIATION, INC.						
Principal Place of Business		Mailing Address			E 1901H 100H DRIFT HOLD BROWN	HILL OPE OLDI U	4 11 410 11 410 11 6 1	111 6161) 1991
19937 GULF BLVD. SUITE A-1 INDIAN SHORES FL 34635		19937 GULF BLVD. SUITE A-1						
NDIAN SHURES	FL 34635	INUIAN SHURES LE SOLO	INDIAN SHORES FL 33785-2426			3. Date Incorporated or Qualified 12/28/1981 3a. Date of Last Report 03/13/1996		
	lace of Business	2a. Mailing Address			4. FEI Number 59-2410676			oplied For ot Applicable
Suite, Apl +	#, etc.	Suite, Apt #, etc.				. ["]		Additional
22		27		5. Certificate of Status Desired	ı 🗆	,	equired	
City & State	3	City & State			6. Election Campaign Financin Trust Fund Contribution	ng 🔲		May Be to Fees
Zip	Country	Ζφ	Country		8. This corporation has liability		e ţax under s	
24	25 25 Curren	29 nt Registered Agent	30		Florida Statutes 10. Name and Address of New	Yes		
	9. Name and Address of Currer	Al Hegistereo Agent	81	Name	10. Name and Address of Net	W Hegisterer	Agent	
VERBOC	Y, DENNIS		82		(D.O. Day Mumber in Not Acce	-4abla)		
	ULF BLVD.				Address (P.O. Box Number is Not Acceptable)			
A-1 JN	·		83					
	HORES FL 34635		84	"''		FI	'	Code
11. Pursuanin	to the provisions of Sections 11 050	J2 and 617.1508, Florida Stat	utes, the above	e-named corp	poration submits this statement for	the purpose	of changing i	ts registered
office or a agent. Lar	to the provisions of Sections 117,050 eastered agent, or both, in lithe State in farmuar Auth, and accept the object	of Florida, Such change was pations of Section 617,0503, I	s authorizeo by Florida Statutes	y the corporal s.	ition's board of directors, i hereby	- Land	pointment as	registered
	110.00	\checkmark				20171		
SIGNATURE _			CTC Duranteed Ana		- 1 1	DATE		
SIGNATURE	Signature: typical or printed name of registered age OFFICERS AN	ent and the it abyticable (No ND DIRECTORS	OTE: Registered Age	ent signature requi	ired when reinslating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	ID DIRECTOR	RS IN 12
	OFFICERS AN			ent signature requi			D DIRECTOR	
12. TILE NAME	OFFICERS AN PD KENDALL, DAVID	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME					
12. THE NAME STREEL ADDRESS	OFFICERS AN PD KENDALL, DAVID 101 OAKWOOD DR.	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADDRESS				
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