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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761230 (2)
1. Corporation Name
INDIAN SANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 19937 GULF BLVD. SUITE A-1 INDIAN SHORES FL 34635
Mailing Address: 19937 GULF BLVD. SUITE A-1 INDIAN SHORES FL 34635
12181 Bausford Rd MANASSAS, VA 20109

3. Date Incorporated or Qualified: 12/28/1981
4. FEI Number: 59-2410676
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 *12181 Bausford Rd*
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30 *20109 USA*

9. Name and Address of Current Registered Agent
VERBOCY, DENNIS
19937 GULF BLVD.
A-1 IN
INDIAN SHORES FL 34635

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENDALL, DAVID	
STREET ADDRESS	101 OAKWOOD DR.	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LARRISON, JOHN	
STREET ADDRESS	P.O. BOX 219 N/A	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, STUART	
STREET ADDRESS	532 MOUBING DOVE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	T/SEC	<input type="checkbox"/> DELETE
NAME	VERBOCY, DENNIS	
STREET ADDRESS	19937 GULF BLVD., A-1	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER/SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis VerboCY* DENNIS VERBOCY 1/27/98

CR2E037 (10/97)