

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-28-2002 90121 006 ***61.25

DOCUMENT # 761230

1. Entity Name

INDIAN SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19937 GULF BLVD.
SUITE A-1
INDIAN SHORES FL 34635

12181 BALLS FORD ROAD
SUITE A-1
MANASSAS VA 20109
US

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
59-2410676

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

VERBOCY, DENNIS
19937 GULF BLVD.
A-1
INDIAN SHORES FL 34635

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **KENDALL DAVID** ☒ Delete
STREET ADDRESS **101 OAKWOOD DR.**
CITY-ST-ZIP **LARGO FL**

TITLE **PRES**
NAME **JOHN HOLBOMB #** ☒ Change ☐ Addition
STREET ADDRESS **19937 GULF BLVD A-4**
CITY-ST-ZIP **INDIAN SHORES, FL 33785** **(D)**

TITLE **SVD**
NAME **PATERSON DONALD** ☒ Delete
STREET ADDRESS **19937 GULF BLVD A2**
CITY-ST-ZIP **INDIAN SHORES FL**

TITLE **VIP**
NAME **LEONARD WILSON - VICE PRES** ☒ Change ☐ Addition
STREET ADDRESS **19937 GULF BLVD A-C-3**
CITY-ST-ZIP **INDIAN SHORES, FL 33785** **(D)**

TITLE **TS**
NAME **VERBOCY, DENNIS** ☐ Delete
STREET ADDRESS **19937 GULF BLVD, A-1** **(1)**
CITY-ST-ZIP **INDIAN SHORES FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Dennis VerboCY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)