

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 761230 1. Entity Name INDIAN SANDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 19937 GULF BLVD. SUITE A-1 INDIAN SHORES FL 34635			Mailing Address 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		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: 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	D JANTSCHKE, FRANK		TITLE	1000000213199 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	19837 GULF BLVD., #A-4		NAME	02/03/05-80060-011 61.25	
STREET ADDRESS	INDIAN ROCKS BEACH FL 33785		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	TSD VERBOCY, DENNIS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	19937 GULF BLVD., A-1		NAME		
STREET ADDRESS	INDIAN SHORES FL		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	P PEREZ, JOHN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1518 SHERIDAN FOREST DR		NAME		
STREET ADDRESS	TAMPA FL 33629		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	D REISMAN, JEFF		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	19937 GULF BLVD #B-4		NAME		
STREET ADDRESS	INDIAN SHORES FL 33785		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	D FARIAS, RUI		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	19837 GULF BLVD., #D-3		NAME		
STREET ADDRESS	INDIAN ROCKS BEACH FL 33785		STREET ADDRESS		
CITY- ST- ZIP			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)(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, TREASURER 2/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #