

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 24, 2006 8:00 am
Secretary of State

03-10-2006 90009 015 ****61.25

00000308



1st MOORE CR2E037 (10/05)

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
4. FEI Number 59-2410676		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME: JANTSCHKEK, FRANK STREET ADDRESS: 19837 GULF BLVD., #A-4 CITY-ST-ZIP: INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/> Delete	TITLE: <i>SECRETARY</i> NAME: ELAINE MYERS STREET ADDRESS: 19937 Gulf Blvd #D-1 CITY-ST-ZIP: INDIAN SHORES, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TSD / PRESIDENT NAME: VERBOCY, DENNIS STREET ADDRESS: 19937 GULF BLVD., A-1 CITY-ST-ZIP: INDIAN SHORES FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: PEREZ, JOHN STREET ADDRESS: 1518 SHERIDAN FOREST DR CITY-ST-ZIP: TAMPA FL 33629	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: REISMAN, JEFF STREET ADDRESS: 19937 GULF BLVD #B-4 CITY-ST-ZIP: INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FARIAS, RUI STREET ADDRESS: 19837 GULF BLVD., #D-3 CITY-ST-ZIP: INDIAN ROCKS BEACH FL 33785	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Dennis Verbocy</i>		PRESIDENT DENNIS VERBOCY 3/20/06	



ATTACHMENT

66006908

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2006

INDIAN SANDS CONDOMINIUM ASSOCIATION, INC.
12181 BALLS FORD ROAD
SUITE A-1
MANASSAS, VA 20109 US

Subject: INDIAN SANDS CONDOMINIUM ASSOCIATION, INC.

Reference Number:

761230

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION