

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90036 050 ****61.25

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|--|--|---|---|--|--|
| DOCUMENT # 761230 1. Entity Name INDIAN SANDS CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 18837 GULF BLVD. INDIAN SHORES, FL 33785 | | | Mailing Address 147 N. BELCHER RD. SUITE 2 LARGO, FL 33771 US | | |
| 2. Principal Place of Business - No P.O. Box # 2189 CLEVELAND ST | | 3. Mailing Address 2189 CLEVELAND ST | | | |
| Suite, Apt. #, etc. 225 | | Suite, Apt. #, etc. 225 | | 04282008 Chg-NP CR2E037 (12/06) | |
| City & State CLEARWATER, FL | | City & State CLEARWATER, FL | | 4. FEI Number 59-2410676 | |
| Zip 33765 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUXTON PROPERTIES, INC. 147 N. BELCHER RD. SUITE 2 LARGO, FL 33771 | | | 7. Name and Address of New Registered Agent Name LENNARD A. LEIGHTON Street Address (P.O. Box Number is Not Acceptable) 2189 CLEVELAND ST. # 225 City CLEARWATER, FL Zip Code 33765 | | |
| 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 4/29/08 <small>Signature, typed or printed name of registered agent and board applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | DIR PEREZ, JOHN SCOTT 1518 SHERIDAN FOREST DRIVE TAMPA, FL 33629 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR WISHART, SHARON 18837 GULF BLVD, UNIT B2 INDIAN SHORES, FL 33785 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARROLD, JUDY P.O. BOX 272546 TAMPA, FL 33608 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR ROBINSON, TIMOTHY J 4807 LEONA ST. TAMPA, FL 33629 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REISMAN, JEFF 19937 GULF BLVD. # B4 INDIAN SHORES, FL 33785 | |
| 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 | |
| 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 | |
| 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 Chapter 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: 4/29/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |