FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jan 30 1997 8:00am
Secretary of State

DOCUMENT # **N09330** **(4)**

1. Corporation Name

INDIAN BEACH - SAPPHIRE SHORES ASSOCIATION, INC.

Principal Place of Business
%JOHN J. LYONS
1605 MAIN STREET, STE 1111
SARASOTA FL 34236-5874

Mailing Address
%JOHN J. LYONS
1605 MAIN STREET, STE 1111
SARASOTA FL 34236-5874

3. Date Incorporated or Qualified: 05/16/1985
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LYONS, JOHN J.
1605 MAIN STREET
SUITE 1111
SARASOTA FL 33577

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FARR, DONALD	
STREET ADDRESS	3301 BAYSHORE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	☐ DELETE
NAME	LITTLE, ALAN	
STREET ADDRESS	351 NORTH SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	P	☐ DELETE
NAME	COTTEN C. BART	
STREET ADDRESS	451 WOODLAND DR.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	T	☐ DELETE
NAME	KRAFT, DON	
STREET ADDRESS	842 HIGHLAND ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	S	☐ DELETE
NAME	VIOLETTE, MICHELLE	
STREET ADDRESS	3224 BAY SHORE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	☐ DELETE
NAME	MULLER, DEBBIE	
STREET ADDRESS	5200 BAY SHORE RD	
CITY-ST-ZIP	SARASOTA FL 34234	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 Cotten C. Bart Cotten (941) 351-2334

CR2E037 (9/96)