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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09330 (4)

1. Corporation Name
INDIAN BEACH - SAPPHIRE SHORES ASSOCIATION, INC.

Principal Place of Business 1/JOHN J. LYONS 1605 MAIN STREET, STE 1111 SARASOTA FL 34236-5874	Mailing Address 1/JOHN J. LYONS 1605 MAIN STREET, STE 1111 SARASOTA FL 34236-5874
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3. Date Incorporated or Qualified
05/16/1985

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, DONALD	1.2 NAME	P
STREET ADDRESS	3301 BAYSHORE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	2.2 NAME	D
STREET ADDRESS	LITTLE, ALAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	351 NORTH SHORE DR	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA FL 34234	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> DELETE	3.2 NAME	Polishook, Burt
NAME	P	3.3 STREET ADDRESS	3931 Bay Shore Rd
STREET ADDRESS	COTTEN C. BART	3.4 CITY-ST-ZIP	Sarasota, FL 34234
CITY-ST-ZIP	451 WOODLAND DR.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SARASOTA FL 34234	4.2 NAME	D
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME	T	4.4 CITY-ST-ZIP	
STREET ADDRESS	KRAFT, DON	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	842 HIGHLAND ST	5.2 NAME	D
CITY-ST-ZIP	SARASOTA FL 34234	5.3 STREET ADDRESS	Bouverat, David
TITLE	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	3825 Indian Beach Place
NAME	S	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	VIOLETTE, MICHELLE	6.2 NAME	T
CITY-ST-ZIP	3224 BAY SHORE	6.3 STREET ADDRESS	Zimmerman, Frank
CITY-ST-ZIP	SARASOTA FL 34234	6.4 CITY-ST-ZIP	336 North Shore Dr
TITLE	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	Sarasota, FL 34234
NAME	D		
STREET ADDRESS	MULLER, DEBBIE		
CITY-ST-ZIP	5200 BAY SHORE RD		
CITY-ST-ZIP	SARASOTA FL 34234		

14. I 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: *Donald M. Farr* Donald M. Farr 8/6/98 (941) 951-2622

CP2E037 (10/97)