


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

FILED

Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N09330 1. Entity Name INDIAN BEACH - SAPPHIRE SHORES ASSOCIATION, INC.					
Principal Place of Business %JOHN J. LYONS 1605 MAIN STREET, STE 1111 SARASOTA FL 34236-5874 US				Mailing Address P.O. BOX 49673 SARASOTA FL 34230 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number NO-T APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYONS, JOHN J. 1605 MAIN STREET SUITE 1111 SARASOTA FL 33577				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small>					
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FARR, DONALD		NAME		
STREET ADDRESS	3301 BAYSHORE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	LILLIE, ALAN		NAME		
STREET ADDRESS	351 NORTH SHORE DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	TRIGG, PETER		NAME		
STREET ADDRESS	4014 BAYSHORE RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CLAPP, RICHARD		NAME		
STREET ADDRESS	426 SOUTH SHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	EGER, LAWRENCE		NAME		
STREET ADDRESS	949 BEVERLY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	ZIMMERMAN, FRANK		NAME		
STREET ADDRESS	336 NORTH SHORE DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP		

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.