

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90064 004 \*\*\*\*61.25

**DOCUMENT # N09330**  
 1. Entity Name  
**INDIAN BEACH - SAPPHIRE SHORES ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 %JOHN J. LYONS P.O. BOX 49673  
 1605 MAIN STREET, STE 1111 SARASOTA FL 34230  
 SARASOTA FL 34236-5874 US  
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable  
 5. Certificate of Status Desired  \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FARR, DONALD	
STREET ADDRESS	3301 BAYSHORE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LILLIE, ALAN	
STREET ADDRESS	351 NORTH SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TRIGG, PETER	
STREET ADDRESS	4014 BAYSHORE RD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLAPP, RICHARD	
STREET ADDRESS	426 SOUTH SHORE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	S	<input type="checkbox"/> Delete
NAME	SERRIE, GRETCHEN	
STREET ADDRESS	636 MECCA DR.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, FRANK	
STREET ADDRESS	336 NORTH SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34234	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, RAY	
STREET ADDRESS	5224 EASTCHESTER DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, CARL	
STREET ADDRESS	5110 BRYWILL CIR	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Frank Zimmerman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.15.08 941-351-2925