

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**

96 SEP -6 PM 2:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N95000002572 (4)**

1. Corporation Name

**HOMEOWNERS ASSOCIATION OF INDIAN ROCKS BEACH INC**

Principal Place of Business

10575 68 AVE NORTH #D3  
 SEMINOLE FL 34642

Mailing Address

10575 68 AVE NORTH #D3  
 SEMINOLE FL 34642

3. Date Incorporated or Qualified  
**05/26/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **814 Hidden Harbour Dr**

2a. Mailing Address

26 **814 Hidden Harbour Dr.**

4. FEI Number

**65-0640904**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State

**Indian Rocks Beach FL**

28 City & State

**Indian Rocks Beach FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip #

**33785**

25 Country

**Fla Has**

29 Zip

**33785**

30 Country

**Pinellas**

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

9. Name and Address of Current Registered Agent

**DIMA, JOSEPH**  
**10575 68 AVE NORTH #D3**  
**SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>Joe DIMA</b>	
STREET ADDRESS	<b>814 Hidden Harbour Dr.</b>	
CITY-ST-ZIP	<b>Indian Rocks Beach FL 33785</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LARRY TORGENSEN</b>	
STREET ADDRESS	<b>2013 Bayview Pl.</b>	
CITY-ST-ZIP	<b>Indian Rocks Beach, FL 33785</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CAROL Crystal</b>	
STREET ADDRESS	<b>103 18th AVE #5</b>	
CITY-ST-ZIP	<b>Indian Rocks Beach, FL 33785</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JETH JOHNSON</b>	
STREET ADDRESS	<b>912 Harbor House Dr.</b>	
CITY-ST-ZIP	<b>Indian Rocks Beach FL 34635</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Fred Feeding</b>	
STREET ADDRESS	<b>714 Harbour House Dr</b>	
CITY-ST-ZIP	<b>Indian Rocks Beach FL 33785</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Jim Hayes</b>	
STREET ADDRESS	<b>814 Hidden Harbour Dr</b>	
CITY-ST-ZIP	<b>Indian Rocks Beach FL 33785</b>	

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Director Jim Palamaria</b>	
23 STREET ADDRESS	<b>102 15th Ave</b>	
24 CITY-ST-ZIP	<b>Indian Rocks Beach FL 33785</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/96**  
 Date

Daytime Phone #

CR2E037 (3/96)