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Secretary of State

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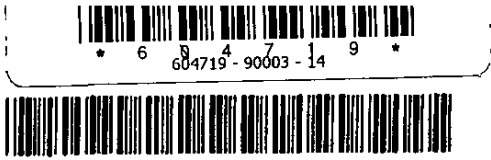
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N95000002572** ✓
 1. Corporation Name
HOMEOWNERS ASSOCIATION OF INDIAN ROCKS BEACH INC

Principal Place of Business: 814 HIDDEN HARBOUR DR, INDIAN ROCKS BEACH FL 33785
 Mailing Address: 814 HIDDEN HARBOUR DR, INDIAN ROCKS BEACH FL 33785



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number	Applied For
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	29	Country			
30	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent: DIMA, JOSEPH, 814 HIDDEN HARBOUR DR, INDIAN ROCKS BEACH FL 33785

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 (FL)

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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMA, JOE	1.2 NAME	Dima Joe
STREET ADDRESS	814 HIDDEN HARBOUR DR	1.3 STREET ADDRESS	814 Hidden Harbour Dr.
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	1.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORGENSEN, LARRY	2.2 NAME	Torgenson, Larry
STREET ADDRESS	2013 BAYVIEW PL.	2.3 STREET ADDRESS	2013 Bayview Place
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	2.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	CRYSTAL, CAROL	3.2 NAME	
STREET ADDRESS	103 18TH AVE #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	JOHNSON, JEFF	4.2 NAME	
STREET ADDRESS	912 HARBOUR HOUSE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34835	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	FEDRIGO, FRED	5.2 NAME	
STREET ADDRESS	914 HARBOUR HOUSE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	5.4 CITY-ST-ZIP	
TITLE	S/T <input type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, JIM	6.2 NAME	Hayes, Jim
STREET ADDRESS	814 HIDDEN HARBOUR DR	6.3 STREET ADDRESS	814 Hidden Harbour Dr.
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	6.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785

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, with all other like empowered.

SIGNATURE: _____ DATE: 7/20/99 DAYTIME PHONE #: 727-595-1148

CR2E037 (3/99)