

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002572

FILED
Mar 24, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF INDIAN ROCKS BEACH INC.

Current Principal Place of Business:

375 LA HACIENDA DRIVE
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

PO BOX 523
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 65-0640904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, REBECCA
375 LA HACIENDA DR
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WROBEL, PHIL
Address: 112 13TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T () Delete
Name: GRIFFIN, REBECCA
Address: 375 LA HACIENDA DRIVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S () Delete
Name: MUNEIO, PATRICIA
Address: 1505 BAY PALM BOULEVARD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: COPPEN, JOSE
Address: 1505 BAY PALM BOULEVARD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: CARMODY, WENDY
Address: 1505 BAY PALM BOULEVARD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VP () Delete
Name: PEARSON, DAVID
Address: 1505 BAY PINES BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ENDERLE, JACQUELYN
Address: 1505 BAY PALM BOULEVARD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VP (X) Change () Addition
Name: PEARSON, DAVID
Address: 1505 BAY PALM BOULEVARD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TORGENSON, LARRY
Address: 1505 BAY PINES BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA GRIFFIN

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date