

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010189

**FILED**  
**Mar 20, 2024**  
**Secretary of State**  
**6257822731CC**

**Entity Name:** PALM BEACH OF INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3001 EXECUTIVE DRIVE  
SUITE 260 SUITE 102  
CLEARWATER, FL 33762

**Current Mailing Address:**

3001 EXECUTIVE DRIVE  
SUITE 260 SUITE 102  
CLEARWATER, FL 33762 US

**FEI Number:** 26-0075318

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DRIVE  
SUITE 260 SUITE 102  
CLEARWATER, FL 33762 US

*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:** CONDOMINIUM ASSOCIATES

03/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ZELLER, ROBERT  
Address 3001 EXECUTIVE DRIVE  
SUITE 260 SUITE 102  
City-State-Zip: CLEARWATER FL 33762

Title VPD  
Name CLINE, AUSTIN  
Address 3001 EXECUTIVE DRIVE  
SUITE 260 SUITE 102  
City-State-Zip: CLEARWATER FL 33762

Title SD  
Name DWYER, RICK  
Address 3001 EXECUTIVE DRIVE  
SUITE 260 SUITE 102  
City-State-Zip: CLEARWATER FL 33762

*I hereby 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 all other like empowered.*

**SIGNATURE:** ZELLER , ROBERT

PRESIDENT

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date