

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010189

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

**FILED  
Mar 30, 2019  
Secretary of State  
6096187421CC**

**Current Principal Place of Business:**

19817 GULF BLVD  
INDIAN SHORES, FL 33785

**Current Mailing Address:**

C/O S/3 CONSULTING GROUP, LLC  
19534 GULF BLVD # 202  
INDIAN SHORES, FL 33785

**FEI Number: 26-0075318**

**Certificate of Status Desired: No**

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

SMITH, WILLIAM F  
C/O S/3 CONSULTING GROUP, LLC  
19534 GULF BLVD # 202  
INDIAN SHORES, FL 33785 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, VP, SECRETARY,  
                  TREASURER  
Name           ROBINSON, CHRIS  
Address        699 LEBANON RD  
City-State-Zip: CLARKSVILLE OH 45113

Title           DIRECTOR, PRESIDENT  
Name           GLEESON, MICHAEL  
Address        19817 GULF BLVD  
                  #503  
City-State-Zip: INDIAN SHORES FL 33785

*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: MICHAEL GLEESON**

**PRESIDENT & DIRECTOR   03/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date