

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09330

Entity Name: INDIAN BEACH-SAPPHIRE SHORES NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**668 CORWOOD DRIVE
SARASOTA, FL 34234**Current Mailing Address:**P.O. BOX 49673
SARASOTA, FL 34230 US**FEI Number: 35-2562858****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, JOHN SLOAN
668 CORWOOD DRIVE
SARASOTA, FL 34234 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: JOHN SLOAN SMITH****02/08/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MORRISS, DAVID
Address 4900 BRYWILL CIRCLE
City-State-Zip: SARASOTA FL 34234

Title TREASURER
Name CANNON, KITTY
Address 2920 BAY SHORE CIRCLE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name FARR, DON
Address 3301 BAY SHORE RD.
City-State-Zip: SARASOTA FL 34234

Title PRESIDENT
Name GONET, JOANNE
Address 3617 IROQUOIS DRIVE
City-State-Zip: SARASOTA FL 34234

Title RECORDER
Name BARYLSKI, ROBERT
Address 4919 BAY SHORE ROAD
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name SMITH, JOHN
Address 668 CORWOOD DRIVE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name COLLIN, ERIC
Address 4707 WINCHESTER DRIVE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name LUMPKIN, KELVIN
Address 2400 IXORA AVENUE
City-State-Zip: SARASOTA FL 34234

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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: KITTY CANNON**TREASURER****02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name WAGNER, BONITA
Address 4008 SARASOTA AVE.
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name LUSTIG, HERB
Address 2445 ALAMEDA AVE.
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name WOOSTER, CECI
Address 652 MECCA DRIVE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name BAUSBACK, HENRY
Address 2827 BON AIR DRIVE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name SLACKMAN, BOB
Address 969 ALAMEDA LANE
City-State-Zip: SARASOTA FL 34234