

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09330

Entity Name: INDIAN BEACH-SAPPHIRE SHORES NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**520 12TH STREET W.
#203
BRADENTON, 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:**TEBRUGGE, ADAM
520 12TH STREET W.
#203
BRADENTON, 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:**

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

Title PRESIDENT
Name JOHNSON, JANE NUTTER
Address 405 SAPPHIRE DRIVE
City-State-Zip: SARASOTA FL 34234

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

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

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

Continues on page 2

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****01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name RUSSELL, ANNE-MARIE
Address 3001 BAY SHORE CIRCLE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name WOOSTER, JACK
Address 3920 SARASOTA AVE.
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name O'BRIEN, DARLA
Address 2445 ALAMEDA AVE.
City-State-Zip: SARASOTA FL 34234

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