


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 08:00 A
Secretary of State

DOCUMENT # 731364

1. Entity Name
INDIAN SHORES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business TOWN OF INDIAN SHORES 19305 GULF BLVD. INDIAN SHORES, FL 33785 US	Mailing Address P.O. BOX 434 INDIAN ROCKS BEACH, FL 33785 US
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DO NOT WRITE IN THIS SPACE



08062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7410485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DANIEL, NOELLE
 14829 GULF BLVD
 INDIAN ROCKS BEACH, FL 33785**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANNE, MILLER 19526 GULF BLVD #1D INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMIE, NEUMAN 19111 VISTA BAY DR #697 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL, NOELLE 19829 GULF BLVD 403 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDA, SNOOK 19918 GULF BLVD., #3 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/30/07-80003-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Linda Snook* 8/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #