FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24 1996 8:00am
Secretary of State

DOCUMENT # 738353 (2)

1. Corporation Name
INDIAN ROCKS BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
309 16TH AVENUE INDIAN ROCKS BEACH FL 34635 US	309 16TH AVE. INDIAN ROCKS BEACH FL 34635 US

3. Date Incorporated or Qualified: 03/15/1977
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business 21	540 20th AVENUE
Suite, Apt. #, etc. 22	
City & State 23	INDIAN ROCKS BEACH, FL
Zip 24 / Country 25	34635 / USA
2a. Mailing Address 26	540 20th AVENUE
Suite, Apt. #, etc. 27	
City & State 28	INDIAN ROCKS BEACH, FL
Zip 29 / Country 30	34635 / USA

4. FEI Number: 59-2131292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ANTEKEIER, ANDY
309 16TH AVE
INDIAN ROCKS BEACH FL 34635

10. Name and Address of New Registered Agent

81 Name: SWALES, BILL
82 Street Address (P.O. Box Number is Not Acceptable): 540 20th AVENUE
83
84 City: INDIAN ROCKS BEACH **FL** 85 Zip Code: 34635

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Bill Swales — 4/24/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	V	☒ Change ☐ Addition
NAME	GEISSLER, FRED		1.2 NAME		
STREET ADDRESS	131 LIVE OAK LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ADAIR, PAM		2.2 NAME		
STREET ADDRESS	BOX 188 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	TAYLOR, SUE		3.2 NAME		
STREET ADDRESS	1215 BAYSHORE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		3.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ANTEKEIER, ANDY		4.2 NAME	KUJAWSKI, BETTY	
STREET ADDRESS	309 16TH AVENUE		4.3 STREET ADDRESS	480 HARBOR DR N	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		4.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL	
TITLE	D	☐ DELETE	5.1 TITLE	000001839160	☐ Change ☐ Addition
NAME	MCGLAUGHLIN, CAROL		5.2 NAME	-05/24/96--01097--014	
STREET ADDRESS	108 21ST AVE		5.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	INDIAN ROCK BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	JOHNSTON, JOAN		6.2 NAME	JOHNSTONE, JOAN	
STREET ADDRESS	430 HARBOR DR S		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		6.4 CITY-ST-ZIP		

5-24-96 JP

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan E Taylor — 4-24-96 — 813-596-6419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #