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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738353** (2)
1. Corporation Name
INDIAN ROCKS BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business 540 20TH AVENUE INDIAN ROCKS BEACH FL 34635 US	Mailing Address 540 20TH AVENUE INDIAN ROCKS BEACH FL 34635 US
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3. Date Incorporated or Qualified
03/15/1977

4. FEI Number 59-2131292	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWALES, BILL
540 20TH AVENUE
INDIAN ROCKS BEACH FL 33785**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	GEISSLER, FRED	
STREET ADDRESS	131 LIVE OAK LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TAYLOR, SUE	
STREET ADDRESS	1215 BAYSHORE BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUJAWSKI, BETTY	
STREET ADDRESS	480 HARBOR DR. N	
CITY-ST-ZIP	INDIAN ROCKS BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGLAUGHLIN, CAROL	
STREET ADDRESS	106 21ST AVE	
CITY-ST-ZIP	INDIAN ROCK BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSTONE, JOAN	
STREET ADDRESS	430 HARBOR DR S	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D JOHNSTONE, JOAN
5.3 STREET ADDRESS	430 HARBOR DR S
5.4 CITY-ST-ZIP	INDIAN ROCKS BEACH FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S BELSTROM, BARBARA
6.3 STREET ADDRESS	105 11TH AVE
6.4 CITY-ST-ZIP	INDIAN ROCKS BEACH FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **SUSAN E. TAYLOR 4.18.98 813.596.6419**

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