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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738353

1. Corporation Name

INDIAN ROCKS BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
540 20TH AVENUE INDIAN ROCKS BEACH FL 34635 US	540 20TH AVENUE INDIAN ROCKS BEACH FL 34635 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/15/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2131292 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Bill Swales 5/1/99
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	V	☐ DELETE	1.1 TITLE		☐ 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	TAYLOR, SUE		2.2 NAME		
STREET ADDRESS	1215 BAYSHORE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KUJAWSKI, BETTY		3.2 NAME		
STREET ADDRESS	480 HARBOR DR. N		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BCH. FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCGLAUGHLIN, CAROL		4.2 NAME		
STREET ADDRESS	108 21ST AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCK BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTONE, JOAN		5.2 NAME		
STREET ADDRESS	430 HARBOR DR S		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BELSTROM, BARBARA		6.2 NAME		
STREET ADDRESS	105 11TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BCH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Gustav Swales SIGNATURE REQUIRED 5-1-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #