## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State **DOCUMENT # 738353** 1. Entity Name INDIAN ROCKS BEACH CIVIC ASSOCIATION, INC. 05-22-2002 90109 006 \*\*\*\*61.25 Principal Place of Business Mailing Address 831-B E. GULF BLVD PO BOX 124 INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 R0114433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2131292 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLARK, LINDA 831-B E. GULF BLVD **INDIAN ROCKS BEACH FL 33785** City Zip Code 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. 4/29/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (10/6) 🔀 Delete TITLE ☐ Change TITLE GEISSLER, FRED NAME COLETTE AUBUCHON NAME 131 LIVE OAK LANE STREET ADDRESS STREET ADDRESS 526 GARLAND CIRCLE LARGO FL CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BEACH ☐ Change ☐ Addition TITLE ☐ Delete TITLE TAYLOR, SUE NAME NAME 1215 BAYSHORE BLVD STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change CLARK, LINDA NAME NAME 831-B E. GULF BLVD STREET ADDRESS STREET ADDRESS Indian Rocks Beach FL 33785 CITY-ST-ZIP CITY-ST-ZIP DS ☐ Delete TITLE Change ☐ Addition MCGLAUGHLIN, CAROL NAME 108 21ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN ROCK BEACH FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change JOHNSTONE, JOAN NAME NAME 430 HARBOR DR S STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BELSTROM, BARBARA NAME NAME

12. 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 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 appliess, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

105 11TH AVE

INDIAN ROCKS BCH FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

834-8357 Daytime Phone \*