2004 NOT-FOR-PROFIT CORPORATION

Apr 22, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # 738353** 04-22-2004 90011 040 ****61.25 INDIAN ROCKS BEACH CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 124 831-B E. GULF BLVD INDIAN ROCKS BEACH, FL 33785 INDIAN ROCKS BEACH, FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-2131292 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, LINDA Street Address (P.O. Box Number is Not Acceptable) 831-B E. GULF BLVD INDIAN ROCKS BEACH, FL 33785 Zip Code City 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE" ☐ Delete TITLE . Change ENGLAND, TERRY NAME NAME STREET ADDRESS 309 6TH AVE STREET ADDRESS INDIAN ROCKS BEACH, FL CITY-ST-ZIP CITY-ST-7P Delete TITLE Change ☐ Addition TAYLOR, SUE NAME NAME 1215 BAYSHORE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP INDIAN ROCKS BEACH, FL CITY-ST-ZIP Delete Сhange ☐ Addition TITLE TITLE CLARK, LINDA NAME NAME 831-B E. GULF BLVD STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete MCGLAUGHLIN, CAROL NAME NAME STREET ADDRESS 108 21ST AVE STREET ADDRESS CITY-ST-ZIP INDIAN ROCK BEACH, FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE JOHNSTONE, JOAN NAME NAME STREET ADDRESS 430 HARBOR DR S STREET ADDRESS INDIAN ROCKS BEACH, FL CITY-ST-ZIP CITY-ST-7IP Delete Addition ☐ Change TITLE CAROL JEAN GEISSLER 131 LIVE OAK LANE STILWELL MAUREEN NAME NAME

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12. I hereby certify that the information supplied with this filling 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 received 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, withyall other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7/P

11468 110TH TERRACE N.

LARGO, FL 33774

- LINDA L. CLARK 4/19/04 SIGNATURE: Chida d