

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90103 046 *****61.25

DOCUMENT # 738353

1. Entity Name

INDIAN ROCKS BEACH CIVIC ASSOCIATION, INC.



Principal Place of Business

**831-B E. GULF BLVD
INDIAN ROCKS BEACH FL 33785
US**

Mailing Address

**PO BOX 124
INDIAN ROCKS BEACH FL 33785
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2131292**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, LINDA
831-B E. GULF BLVD
INDIAN ROCKS BEACH FL 33785**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLETTE, AUBUCHON	
STREET ADDRESS	528 GARLAND CIR	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, SUE	
STREET ADDRESS	1215 BAYSHORE BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLARK, LINDA	
STREET ADDRESS	831-B E. GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCGLAUGHLIN, CAROL	
STREET ADDRESS	108 21ST AVE	
CITY-ST-ZIP	INDIAN ROCK BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JOHNSTONE, JOAN	
STREET ADDRESS	430 HARBOR DR S	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BELSTROM, BARBARA	
STREET ADDRESS	105 11TH AVE	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY ENGLAND	
STREET ADDRESS	309 6TH AVE.	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUREEN STILWELL	
STREET ADDRESS	14468 110th TERRACE N.	
CITY-ST-ZIP	LARGO FL 33774	

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 address, with all other like empowered.

SIGNATURE:

Linda Clark
LINDA CLARK, PRESIDENTIAL CLARK

4/14/03 595-5610

CR2E037 (10/02)