

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747373

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** THE YACHT CLUB OF INDIAN ROCKS BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

209 18TH AVENUE  
B  
INDIAN ROCKS BCH., FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

209 18TH AVENUE  
B  
INDIAN ROCKS BCH, FL 33785

**New Mailing Address:**

209 18TH AVENUE  
B  
INDIAN ROCKS BCH., FL 33785

FEI Number: 59-1962389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURRAY, POLAIRE D  
6405 RIVER BL  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: MURRAY, POLAIRE D  
Address: 6405 RIVER BL  
City-St-Zip: TAMPA, FL 33604

Title: DP ( ) Delete  
Name: MURRAY, PATRICK J  
Address: 2093-18TH AVE #B  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: DS ( ) Delete  
Name: MURRAY, TIMOTHY  
Address: 2093-18TH AVE #A  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MURRAY, TIMOTHY  
Address: 6403 RIVER BLVD.  
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: POLAIRE D MURRAY

DT

04/05/2009

Electronic Signature of Signing Officer or Director

Date