


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

FILED
May 21, 2003 8:00 am
Secretary of State

04-02-2003 90110 021 ****61.25

DOCUMENT # 747373			
1. Entity Name THE YACHT CLUB OF INDIAN ROCKS BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 209B - 18TH AVENUE INDIAN ROCKS BCH. FL 33785		Mailing Address 209B - 18TH AVENUE INDIAN ROCKS BCH. FL 33785	
2. Principal Place of Business		3. Mailing Address 5225 N. HIMES AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		4. FEI Number 59-1962389	
Zip 33614		Country HILLSBOROUGH	
6. Name and Address of Current Registered Agent ALBERS, C.W. 209A 18TH AVE INDIAN ROCKS BEACH FL FL		7. Name and Address of New Registered Agent Name POLAIRE D. MURRAY Street Address (P.O. Box Number is Not Acceptable) 6405 RIVER BL City TAMPA FL Zip Code 33604	
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 <i>Polaire D. Murray</i>		POLAIRE D. MURRAY 3-30-03	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALBERS, C.W. 209A 18TH AVE INDIAN RCKS BCH FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT POLAIRE D. MURRAY 6405 RIVER BL TAMPA, FL 33604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEYSOR, CLARK 209B 18TH AVE INDIAN RCKS BCH FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PATRICK J. MURRAY 209B 18TH AVE INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STC KEYSOR, CRACEANNE 209B 18TH AVE INDIAN RCKS BCH FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMOTHY MURRAY 6403 RIVER BL TAMPA FL 33604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Polaire D. Murray</i>		POLAIRE D. MURRAY 3-30-03 813 875 440X 203	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)