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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # 7

1997

752030

(7)

FILED Apr 09 1997 8:00am Secretary of State

IN-ROC	BAY ASSOCIATION, INC.	, (1)					
Principal Place of Business  Mailing Address  2513 N. GULF BLVD INDIAN ROCKS BEACH FL 33785-3960 INDIAN ROCKS BEACH FL 33785-3960 92.48							
33 785			<i>027-</i>	3. Date Incorporated or Qualified 04/15/1980	3a. Date of Last R 02/13/19	teport <b>96</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE	Ar	oplied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional aguired	
City & State	e	City & State	·	6. Election Campaign Financing	<b>\$5.00</b>	May Be	
<b>3</b> Ζ <sub>ιρ</sub>	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability to	<del></del>	to Fees	
4	25 9. Name and Address of Current	29	30		Yes No	. 155.002,	
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address di New I	registered Agent		
GREENS	BERG, ANITA R.		82 Street A	Address (P.O. Box Number is Not Accept	rabia)		
2513 NORTH GULF BLVD			52 Street A	radiess (F.O. Box Number is Not Accept	able)		
indian f	ROCKS BEACH FL-34625 337	185	83				
			84 City		85 Zip	Code	
11. Divergent to the provisions of Sections 617 0502 and 617 1509. Elevida Statute			400 (100 000 000 000 000 000 000 000 000		FL   65   Zip	to registered	
	to the provisions of according of record			COMPANIATION SUDMITS THIS STREMANT FOR THE			
office or r agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of, Section 617,0503, f	oles, the above-named of authorized by the corporation of the corporat	corporation submits this statement for the poration's board of directors. I hereby accoration's	e purpose or changing in cept the appointment as	registered	
CIGNATURE						registered	
GNATURE	Signature: typed or printed name of registered ager	it and title II applicable. (N	ones, the above-named of sauthorized by the corp. Florida Statutes.  OTE: Registered Agent signature n		DATE		
GNATURE		it and title II applicable. (N	OTE: Regislered Agent signature r	required when reinstaling)	DATE	RS IN 12	
EIGNATURE .  2.  IIII	Signature, typed or profited name of registered ager OFFICERS AND	nt and title II applicable. (NO	OTE: Regislered Agent signature n	required when reinstaling)	DATE FICERS AND DIRECTOR	RS IN 12	
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information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

INTO K. WELLIEUE AND THE OR DIRECTOR

ere !

813 - 595-3480 Daytime Phone # 0052261