

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753189

FILED
Apr 17, 2009
Secretary of State

Entity Name: SEA SHELL OF INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10825 SEMINOLE BLVD
SUITE 1
LARGO, FL 34648 US

New Principal Place of Business:

Current Mailing Address:

10825 SEMINOLE BLVD
SUITE 1
LARGO, FL 34648 US

New Mailing Address:

FEI Number: 59-2027109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPPER, THOMAS W.
10825 SEMINOLE BLVD
SUITE 1
LARGO, FL 34648 US

Name and Address of New Registered Agent:

KAPPER, THOMAS W.
10825 SEMINOLE BLVD
SUITE 1
LARGO, FL 33778 US

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: THOMAS W KAPPER

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: NOBLE, LINDSEY
Address: 19823 GULF BLVD # 38
City-St-Zip: INDIAN SHORES, FL 33785

Title: DS () Delete
Name: BLANCHARD, CAROL
Address: 19823 GULF BLVD #5
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: DPT () Delete
Name: MASON, EUGENE
Address: 19823 GULF BLVD., #8
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: WEIR, JOHN
Address: 19823 GULF BLVD #12
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: UHLHORN, STEVEN
Address: 19823 GULF BLVD #28
City-St-Zip: INDIAN SHORES, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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: EUGENE MASON

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date