


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 755461 |  |
| 1. Entity Name SHALIMAR CONDOMINIUM ASSOCIATION OF INDIAN ROCKS BEACH, INC. | |

| | |
|---|---|
| Principal Place of Business % AMERICA ONE REAL ESTATE 19823-C GULF BLVD INDIAN SHORES, FL 33785 | Mailing Address % AMERICA ONE REAL ESTATE 19823-C GULF BLVD INDIAN SHORES, FL 33785 |
|---|---|



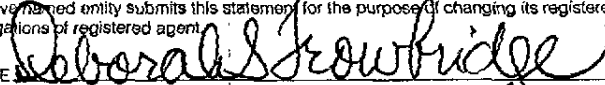
01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3389910 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|---|
| 6. Name and Address of Current Registered Agent TROWBRIDGE, DEBORAH S % AMERICA ONE REAL ESTATE 19823-C GULF BLVD INDIAN SHORES, FL 33785 |
|---|

**DO NOT WRITE
IN THIS SPACE**

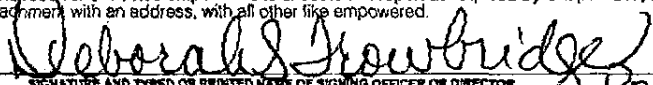
| | |
|---|----------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE:  | DATE: 1/18/05 |
| <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small> | |

| | |
|---|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TROWBRIDGE, DEBORAH S 8157 128TH ST N SEMINOLE, FL 33776 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CREAMER, DENNIS 1613 BROOKPARK DRIVE MANSFIELD, OH 44906 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000396670
01/30/06-80018-005 61.25

**DO NOT WRITE
IN THIS SPACE**

| | |
|--|---|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | DATE: 1/18/05 DAYTIME PHONE #: 727 455 6914 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |