2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755461

FILED May 01, 2009 Secretary of State

Entity Name: SHALIMAR CONDOMINIUM ASSOCIATION OF INDIAN ROCKSBEACH, INC.

Littly Nai	HE. SHALIMAR CONDOMINION ASSOCIATION	SN OF INDIAN RO	CROBLACTI, INC.	
Current Principal Place of Business:		New Princ	ipal Place of Business:	
19823-C G	CA ONE REAL ESTATE BULF BLVD HORES, FL 33785			
Current Mailing Address:		New Maili	New Mailing Address:	
19823-C G	CA ONE REAL ESTATE BULF BLVD HORES, FL 33785			
In accordan	: 59-3389910 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not Address of Current Registered Agent:	=		
% AMERIC 19823-C G	IDGE, DEBORAH S CA ONE REAL ESTATE BULF BLVD HORES, FL 33785 US			
	named entity submits this statement for the pu e of Florida.	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete TROWBRIDGE, DEBORAH S 8157 128TH ST N SEMINOLE, FL 33776	Title: Name: Address: City-St-Zip:	P (X) Change () Addition TROWBRIDGE, MIKE S 8157 128TH ST N SEMINOLE, FL 33776	
Title: Name: Address: City-St-Zip:	V () Delete CREAMER, DENNIS 1613 BROOKPARK DRIVE MANSFIELD, OH 44906	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	S () Delete WILSON, RICHARD 1901 TILOEN AVE UTICA, NY 13501	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition BRESSLER, DON 9220 MILL CIRCLE TAMPA, FL 33647	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition SOLORZANO, CARLOS 1005 GULF BLVD., #202 INDIAN ROCKS BEACH, FL 33785	

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: MIKE TROWBRIDGE P 05/01/2009