

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755461

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** SHALIMAR CONDOMINIUM ASSOCIATION OF INDIAN ROCKS BEACH, INC.

**Current Principal Place of Business:**

SHALIMAR CONDOMINIUM  
1005 GULF BLVD  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

SHALIMAR CONDO  
P.O. BOX 1110  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

**FEI Number:** 59-3389910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROYCE, HADDAD JR  
6344 ROSEVELT BLVD  
CLEARWATER, FL 33760 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CREAMER, DENNIS S  
Address: 1613 BROOKPARK DRIVE  
City-St-Zip: MANSFIELD, OH 44906 US

Title: T  
Name: BRESSLER, DON  
Address: 9220 MILL CIRCLE  
City-St-Zip: TAMPA, FL 33647 US

Title: S  
Name: WILSON, RICHARD  
Address: 1901 TILOEN AVE  
City-St-Zip: UTICA, NY 13501 US

Title: D  
Name: HADDAD, ROYCE JR  
Address: 6344 ROSEVELT BLVD  
City-St-Zip: CLEARWATER, FL 33760 US

Title: VP  
Name: TROWBRIDGE, MICHAEL  
Address: 1005 GULF BLVD # 303  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby 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 all other like empowered.

SIGNATURE: DENNIS CREAMER

P

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date