

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90072 007 ****61.25

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| DOCUMENT # 761230 | |  | |
| 1. Entity Name INDIAN SANDS CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 19937 GULF BLVD. SUITE A4 INDIAN SHORES, FL 34635 | | Mailing Address 12181 BALLS FORD ROAD SUITE A-1 MANASSAS, VA 20109 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 19937 GULF BLVD | |
| Suite, Apt. #, etc. UNIT A-4 | | Suite, Apt. #, etc. | |
| City & State FIA | | City & State INDIAN SHORES FL | |
| Zip 33785 Country USA | | Zip 33785 Country USA | |
| 4. FEI Number 59-2410676 | | 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 VERBOCY, DENNIS 19937 GULF BLVD. A-4 INDIAN SHORES, FL 34635 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | Zip Code | |
| 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 _____ | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JANTSCHKEK, FRANK 19937 GULF BLVD., #A-4 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD VERBOCY, DENNIS 19937 GULF BLVD., A-1 INDIAN SHORES, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MYERS, ELAINE 19937 GULF BLVD. #O-1 INDIAN ROCKS BEACH, FL 33785 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 filipos. | | | |
| SIGNATURE: _____ | | Date: 1-24-07 Daytime Phone #: 727-226-7322 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR | | Date | |