


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90036 050 ****61.25

DOCUMENT # 761230

1. Entity Name
INDIAN SANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
~~18837 GULF BLVD.~~
INDIAN SHORES, FL 33785

Mailing Address
~~147 N. BELCHER RD.~~
~~SUITE 2~~
LARGO, FL 33771 US



2. Principal Place of Business - No P.O. Box #
2189 CLEVELAND ST

3. Mailing Address
2189 CLEVELAND ST

Suite, Apt. #, etc.
225

Suite, Apt. #, etc.
225

04282008 Chg-NP CR2E037 (12/06)

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip
33765

Country
USA

Zip
33765

Country
USA

4. FEI Number
59-2410676

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUXTON PROPERTIES, INC.
147 N. BELCHER RD.
SUITE 2
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name
LENNARD A. LEIGHTON

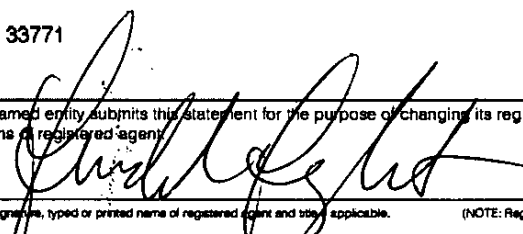
Street Address (P.O. Box Number is Not Acceptable)
2189 CLEVELAND ST.

225

City
CLEARWATER, FL

Zip Code
33765

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 **4/29/08**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

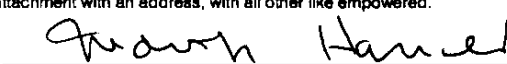
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DIR	PEREZ, JOHN SCOTT	1518 SHERIDAN FOREST DRIVE	TAMPA, FL 33629	<input type="checkbox"/>
DIR	WISHART, SHARON	18837 GULF BLVD, UNIT B2	INDIAN SHORES, FL 33785	<input checked="" type="checkbox"/>
DIR	ROBINSON, TIMOTHY J	4607 LEONA ST.	TAMPA, FL 33629	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	HARROLD, JUDY	P.O. BOX 272546	TAMPA, FL 33608	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	REISMAN, JEFF	19937 GULF BLVD. # B4	INDIAN SHORES, FL 33785	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **4/29/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR