

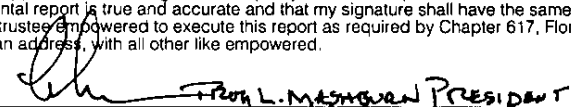


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90034 043 ****61.25

DOCUMENT # 762137 1. Entity Name INDIAN SHORES BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 19940 GULF BLVD. INDIAN SHORES, FL 33785 US			Mailing Address 300 S. DUNCAN AVE., SUITE 220B CLEARWATER, FL 33755 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
				03272008 Chg-NP CR2E037 (12/06)	
				4. FEI Number 59-2174063	
				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 GEARY, MIKE 19940 GULF BLVD UNIT 240 INDIAN SHORE, FL 33785			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEARY, MIKE		NAME		
STREET ADDRESS	19940 GULF BLVD. #240		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASHBURN, TROY		NAME		
STREET ADDRESS	19940 GULF BLVD., 110		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTON, TIM		NAME	T Fulton, Tim	
STREET ADDRESS	708 HARBOR ISLAND		STREET ADDRESS	709 Harbor Island	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, PAT		NAME		
STREET ADDRESS	1139 QUARRY RD.		STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA, NY 14423		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEWELL, PENNY		NAME	S Dewell, Penny	
STREET ADDRESS	4307 WOODMERE RD.		STREET ADDRESS	4307 Woodmere Rd.	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  ROY L. MASQUERO President 3/31/08 727-517-8769 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					