

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762137

FILED
Jan 30, 2009
Secretary of State

Entity Name: INDIAN SHORES BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19940 GULF BLVD.
INDIAN SHORES, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

300 S. DUNCAN AVE., SUITE 220B
CLEARWATER, FL 33755 US

New Mailing Address:

901 N. HERCULES AVE
SUITE A
CLEARWATER, FL 33765 US

FEI Number: 59-2174063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEARY, MIKE
19940 GULF BLVD
UNIT 240
INDIAN SHORE, FL 33785 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: VP () Delete
Name: GEARY, MIKE
Address: 19940 GULF BLVD. #240
City-St-Zip: INDIAN SHORES, FL 33785

Title: P () Delete
Name: MASHBURN, TROY
Address: 19940 GULF BLVD., 110
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T () Delete
Name: FULTON, TIM
Address: 709 HARBOR ISLAND
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: S () Delete
Name: DEWELL, PENNY
Address: 4307 WOODMERE RD.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 GEARY

VP

01/30/2009

Electronic Signature of Signing Officer or Director

Date