

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008846

FILED  
Apr 26, 2007  
Secretary of State

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

**Current Principal Place of Business:**

102 GULF BLVD  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

19534 GULF BLVD  
202  
INDIAN SHORES, FL 33785

**New Mailing Address:**

**FEI Number:** 26-0075314      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SMITH, WILLIAM F  
19534 GULF BLVD  
202  
INDIAN SHORES, 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: P ( ) Delete  
Name: SAUER, MICHAEL  
Address: 45 E. 89TH STREET APT 4A  
City-St-Zip: NEW YORK, NY 10128

Title: V ( ) Delete  
Name: WHIPPLE, SONYA  
Address: 11612 BRISTOL CHASE DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: SD ( ) Delete  
Name: KENNEDY, SHELLEY  
Address: 1295 SUN VALLEY DRIVE  
City-St-Zip: EAST GULL LAKE, MN 56401

Title: TD ( ) Delete  
Name: CALLAHAN, ANNA MARIE  
Address: 532 SPORTSMAN PARK DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: KNIGHT, CARLA  
Address: 3501 N. SAN MIGUEL  
City-St-Zip: TAMPA, FL 33629

**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:

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: ANNA MARIE CALLAHAN

TD

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date