

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N09330 (4)**

1. Corporation Name

**INDIAN BEACH - SAPPHIRE SHORES ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

%JOHN J. LYONS  
1605 MAIN STREET, STE 1111  
SARASOTA FL 34236-5874

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1605 MAIN STREET, STE 1111  
SARASOTA FL 34236-5874

3. Date Incorporated or Qualified <b>05/16/1985</b>	3a. Date of Last Report <b>03/27/1995</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LYONS, JOHN J.  
1605 MAIN STREET  
SUITE 1111  
SARASOTA FL 33577**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FARR, DONALD</b>	12 NAME	<b>ALAN LILLIE</b>
STREET ADDRESS	<b>3301 BAYSHORE</b>	13 STREET ADDRESS	<b>351 NORTH SHORE DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	14 CITY-ST-ZIP	<b>SARASOTA, FL. 34234</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HESS, JEFF</b>	22 NAME	<b>DON KRAFT</b>
STREET ADDRESS	<b>4500 BAYSHORE RD.</b>	23 STREET ADDRESS	<b>842 HIGHLAND ST.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	24 CITY-ST-ZIP	<b>SARASOTA, FL. 34234</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	31 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COTTEN C. BART</b>	32 NAME	<b>MICHELLE VIOLETTE</b>
STREET ADDRESS	<b>451 WOODLAND DR.</b>	33 STREET ADDRESS	<b>3224 BAY SHORE RD.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	34 CITY-ST-ZIP	<b>SARASOTA, FL. 34234</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	41 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORRISSETTI, RON A</b>	42 NAME	<b>DEBBIE MULLER</b>
STREET ADDRESS	<b>481 SAPPHIRE DR</b>	43 STREET ADDRESS	<b>5200 BAY SHORE RD.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	44 CITY-ST-ZIP	<b>SARASOTA, FL. 34234</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, FRANK F.</b>	52 NAME	
STREET ADDRESS	<b>900 ALAMEDA LANE</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	54 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOONE, DAVID E</b>	62 NAME	
STREET ADDRESS	<b>515 N SHORE DR</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (941) 351-3286  
Date Daytime Phone #

CR2E037 (12/95)