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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

3. Date incorporated or Qualified 05/16/1985
3a. Date of Last Report 03/19/1996

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

4. FEI Number NOT APPLICABLE Applied for Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LYONS, JOHN J.
1605 MAIN STREET
SUITE 1111
SARASOTA FL 33577

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FARR, DONALD	<input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3301 BAYSHORE		12 NAME
STREET ADDRESS	SARASOTA FL		13 STREET ADDRESS
CITY-ST-ZIP			14 CITY-ST-ZIP
TITLE	V LITTLE, ALAN	<input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	351 NORTH SHORE DR		22 NAME
STREET ADDRESS	SARASOTA FL 34234		23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP
TITLE	P COTTEN C. BART	<input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	451 WOODLAND DR.		32 NAME
STREET ADDRESS	SARASOTA FL 34234		33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE	T KRAFT, DON	<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	842 HIGHLAND ST		42 NAME
STREET ADDRESS	SARASOTA FL 34234		43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE	S VIOLETTE, MICHELLE	<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3224 BAY SHORE		52 NAME
STREET ADDRESS	SARASOTA FL 34234		53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE	D MULLER, DEBBIE	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5200 BAY SHORE RD		62 NAME
STREET ADDRESS	SARASOTA FL 34234		63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ (941) 251-2221

CR2E037 (9/96)