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**Secretary of State**

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006544

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N09330

1. Corporation Name

INDIAN BEACH - SAPPHIRE SHORES ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
 05/16/1985

21 Suite, Apt. #, etc.

26 P.O. Box 49673

4. FEI Number Applied For  
 NOT APPLICABLE Not Applicable

22 City & State

27 SARASOTA FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip Country

28 34230

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip Country

29 Zip 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	FARR, DONALD	
STREET ADDRESS	3301 BAYSHORE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITTLE, ALAN	
STREET ADDRESS	351 NORTH SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POLISHOOK, BURT	
STREET ADDRESS	3931 BAY SHORE RD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAFT, DON	
STREET ADDRESS	842 HIGHLAND ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOUVERAT, DAVID	
STREET ADDRESS	3825 INDIAN BEACH PLACE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, FRANK	
STREET ADDRESS	336 NORTH SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34234	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RICHARD LOBO
5.3 STREET ADDRESS	3139 BAY SHORE RD.
5.4 CITY-ST-ZIP	SARASOTA FL 34234
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Frank Zimmerman 2.11.99 351.2925  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #