

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 26, 2000 8:00 am
Secretary of State

02-29-2000 90150 014 ****61.25

DOCUMENT # N09330

1. Entity Name

INDIAN BEACH - SAPPHIRE SHORES ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 49673
 SARASOTA FL 34230-6673
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P. FARR, DONALD 3301 BAYSHORE SARASOTA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D D LITTLE, ALAN 351 NORTH SHORE DR SARASOTA FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	W.P. HEGENER, CHARLES 637 40TH ST. SARASOTA 34234
<input type="checkbox"/> Delete	V POLISHOOK, BURT 3931 BAY SHORE RD SARASOTA FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D LAWRENCE EGER 949 INDIAN BEACH DR. SARASOTA FL 34234
<input checked="" type="checkbox"/> Delete	D KRAFT, DON 842 HIGHLAND ST SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D JANE SHEA 614 BEVERLY DR SARASOTA FL 34234
<input checked="" type="checkbox"/> Delete	F LOBO, RICHARD 3139 BAY SHORE RD. SARASOTA FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SEC. UNDERWOOD, DIANNE 2512 ALAMEDA AVE SARASOTA 34234
<input type="checkbox"/> Delete	T ZIMMERMAN, FRANK 336 NORTH SHORE DR SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.14.00

Date

941-351-2925

Daytime Phone #

CR2E037 (9/99)