


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N09330
 1. Entity Name
INDIAN BEACH - SAPPHIRE SHORES ASSOCIATION, INC.



Principal Place of Business Mailing Address
 %JOHN J. LYONS P.O. BOX 49673
 1605 MAIN STREET, STE 1111 SARASOTA FL 34230
 SARASOTA FL 34236-5874 US
 US



1st MOORE CR2E037 (10/05)

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 **NO-T APPLICABLE** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FARR, DONALD	
STREET ADDRESS	3301 BAYSHORE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LILLIE, ALAN	
STREET ADDRESS	351 NORTH SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRIGG, PETER	
STREET ADDRESS	4014 BAYSHORE RD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLAPP, RICHARD	
STREET ADDRESS	426 SOUTH SHORE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGER, LAWRENCE	
STREET ADDRESS	949 BEVERLY DRIVE	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 03/07/06-80010-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Frank Zimmerman* (94)