

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09330

FILED  
Jan 22, 2012  
Secretary of State

**Entity Name:** INDIAN BEACH-SAPPHIRE SHORES NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

520 12TH STREET W.  
#203  
BRADENTON, FL 34234 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 49673  
SARASOTA, FL 34230 US

**New Mailing Address:**

**FEI Number:** 35-2562858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TEBRUGGE, ADAM  
520 12TH STREET W.  
#203  
BRADENTON, FL 34234 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SVEKIS, VALD  
Address: 406 WOODLAND DR  
City-St-Zip: SARASOTA, FL 34234

Title: VP  
Name: MORRISS, DAVID  
Address: 4900 BRYWILL CIRCLE  
City-St-Zip: SARASOTA, FL 34234

Title: T  
Name: SHEA, GREG  
Address: 614 BEVERLY DR  
City-St-Zip: SARASOTA, FL 34234

Title: S  
Name: HOYT-MILLER, DARIAN  
Address: 5301 STEVENS DR  
City-St-Zip: SARASOTA, FL 34234

Title: D  
Name: BRAIN, ANNE  
Address: 615 CORWOOD DR.  
City-St-Zip: SARASOTA, FL 34234

Title: D  
Name: DEME, ELAINE  
Address: 426 N. SHORE DR.  
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY M SHEA

T

01/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date