

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005521

1. Entity Name
**BEACH CLUB OF INDIAN SHORES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**19616 GULF BLVD
INDIAN SHORES, FL 33785 US**

Mailing Address
**19616 GULF BLVD.
INDIAN SHORES, FL 33785**



01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3302287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**SWANSON, MARY
19616 GULF BLVD., #402
INDIAN SHORES, FL 33785**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

U00000581392
01/10/07 00005 014 61.25

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JOHN 19616 GULF BLVD., #302 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUTCH, STEVE 19616 GULF BEACH BLVD #101 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, MARY 19616 GULF BLVD., #402 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZANDER, TED 19616 GULF BLVD #401 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLANDER, KARL 19616 GULF BLVD, #301 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Ted Zander **TED ZANDER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/07
Date

Daytime Phone #