


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

03-24-2006 90021 019 ****50.00
04-12-2006 90098 031 ****11.25

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| DOCUMENT # N95000002572 |  |
| 1. Entity Name HOMEOWNERS ASSOCIATION OF INDIAN ROCKS BEACH INC. | |

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| Principal Place of Business 1515 BAY PALMS INDIAN ROCKS BEACH, FL 33785 | Mailing Address PO BOX 523 INDIAN ROCKS BEACH, FL 33785 |
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03082006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 65-0640904 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PINIERO, EDWARD 1900 2ND STREET APT 1 INDIAN ROCKS BEACH, FL 33785 |
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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.

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| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) | DATE |
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| Filing Fee is \$81.25. Due by May 1, 2006. | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCOTT, JEAN 420 HARBOR DR S INDIAN ROCKS BEACH, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DANIELS, ELIZABETH 530 20TH AVE INDIAN ROCKS BEACH, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TORRES, VALERIE 501 JANICE PL INDIAN ROCKS BEACH, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PINIERO, EDWARD 1900 2ND STREET INDIAN ROCKS BEACH, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TORRES, DANIEL 501 JANICE PL INDIAN ROCKS BEACH, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHAPIRO, SCOTT 1505 BAY PINES BLVD INDIAN ROCKS BEACH, FL 33785 |

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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 817, 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:  **Elizabeth Daniels, Treas.** 3/1/06
(727) 596 2944