

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002994

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** BEACH PLACE OF INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19526 GULF BLVD  
1D  
INDIAN SHORES, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

19526 GULF BLVD  
1D  
INDIAN SHORES, FL 33785 US

**New Mailing Address:**

**FEI Number:** 59-3321333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, ANNE F  
19526 GULF BLVD. 1-D  
INDIAN SHORES, FL 33785 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: TD ( ) Delete  
Name: MILLER, ANNE F  
Address: 19526 GULF BLVD. 1-D  
City-St-Zip: INDIAN SHORES, FL 33785

Title: PD ( ) Delete  
Name: AUCHTER, EUGENE  
Address: 19526 GULF BLVD 3F  
City-St-Zip: INDIAN SHORES, FL 33785

Title: D ( ) Delete  
Name: GERECKE, ED  
Address: 19526 GULF BLVD 2C  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SD ( ) Delete  
Name: COLEMAN, PAT  
Address: 19526 GULF BLVD, #2D  
City-St-Zip: INDIAN SHORES, FL 33785

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNE F. MILLER

MS

04/14/2009

Electronic Signature of Signing Officer or Director

Date