

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008846

Entity Name: OCEANSIDE OF INDIAN ROCKS CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 25, 2020
Secretary of State
3889982857CC**Current Principal Place of Business:**102 GULF BLVD
INDIAN ROCKS BEACH, FL 33785**Current Mailing Address:**C/O S/3 CONSULTING GROUP, LLC
19534 GULF BLVD # 202
INDIAN SHORES, FL 33785**FEI Number: 26-0075314****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, WILLIAM F
19534 GULF BLVD
202
INDIAN SHORES, FL 33785 US*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**Officer/Director Detail :**Title DIRECTOR, ASST. TREASURER
Name KNIGHT, CARLA
Address 3501 N. SAN MIGUEL
City-State-Zip: TAMPA FL 33629Title DIRECTOR, TREASURER
Name CALLAHAN, ANNA MARIE
Address 1010 BUNGALOW AVE
City-State-Zip: WINTER PARK FL 32789Title PRESIDENT, DIRECTOR
Name VERCAUTEREN, ERIC
Address 13717 WILKES DR,
City-State-Zip: TAMPA FL 33618Title DIRECTOR, SECRETARY
Name MORSE, KEVIN
Address 1231 COVINGTON CT
City-State-Zip: CROWN POINT IN 36307Title DIRECTOR, VP
Name MURPHY, BRIAN
Address 3011 S KEATS ST
City-State-Zip: TAMPA FL 33629

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: ERIC VERCAUTEREN**PRESIDENT****03/25/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date