FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718671 (1)

1. Corporation Name

THE CIVIC ASSOCIATION OF VERO BEACH AND INDIAN R IVER COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3381 BEACH STATION VERO BEACH FL 32964-0381	P.O. BOX 3381 BEACH STATION VERO BEACH FL 32964-0381

3. Date Incorporated or Qualified: 06/12/1970
3a. Date of Last Report: 01/10/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 23-7089453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~VERON, ITAL~~
~~280 PEPPERTREE DRIVE~~
~~VERO BEACH FL 32963~~

10. Name and Address of New Registered Agent

81 Name: LOMAX GWATHMEY
82 Street Address (P.O. Box Number is Not Acceptable): 23 SEAHORSE LANE
83
84 City: VERO BEACH FL 85 Zip Code: 32960

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lomax Gwathmey — 5/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~ST~~	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~VERON, ITAL R~~		1.2 NAME		
STREET ADDRESS	~~280 PEPPERTREE DRIVE~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~VERO BEACH FL 32963~~		1.4 CITY-ST-ZIP		
TITLE	~~DV~~	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~IRVINE, WILLIAM~~		2.2 NAME		
STREET ADDRESS	~~200 GREYTWIG RD., #108~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~VERO BCH, FL~~		2.4 CITY-ST-ZIP		
TITLE	~~D & PRESIDENT~~	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TENBUS, ROBERT M.		3.2 NAME		
STREET ADDRESS	764 BANYAN RD.		3.3 STREET ADDRESS	000001860890	
CITY-ST-ZIP	VERO BCH, FL		3.4 CITY-ST-ZIP	-06/13/96--01015--010	
TITLE	~~D & SEC/TREASURER~~	☐ DELETE	4.1 TITLE	***61.25	☐ Change ☐ Addition
NAME	GWATHMEY, LOMAX		4.2 NAME		
STREET ADDRESS	23 SEA HORSE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH, FL 32960		4.4 CITY-ST-ZIP		
TITLE	~~D & VICE PRESIDENT~~	☐ DELETE	5.1 TITLE	D & VICE PRESIDENT	☐ Change ☐ Addition
NAME	WINNE, ELWYN E.		5.2 NAME	WINNE, ELWYN E.	
STREET ADDRESS	~~2096 WINNAROWAY~~		5.3 STREET ADDRESS	2096 WINDWARD WAY	
CITY-ST-ZIP	~~VERO BEACH FL~~ 32963		5.4 CITY-ST-ZIP	VERO BEACH 32963	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

C/12 JJ

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lomax Gwathmey — 5-9-96 — (407) 567-2947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LOMAX GWATHMEY