

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90196 038 ****61.25

DOCUMENT # 718671

1. Entity Name
**THE CIVIC ASSOCIATION OF INDIAN RIVER COUNTY,
INC.**



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

Mailing Address
**P.O. BOX 3381 BEACH STATION
VERO BEACH, FL 32964-0381**

40063431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
23-7089453

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TENBUS, ROBERT
764 BANYAN ROAD
VERO BEACH, FL 32963**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D/P**
STREET ADDRESS **TENBUS, ROBERT M.**
CITY-ST-ZIP **764 BANYAN RD.
VERO BCH., FL**

TITLE ☐ Delete
NAME **D/V**
STREET ADDRESS **GINN, CAROLINE**
CITY-ST-ZIP **1134 OLDE GAILEON LANE
VERO BEACH, FL 32963**

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **KING, RALPH T**
CITY-ST-ZIP **1506 CAMINO DEL RIO W
VERO BEACH, FL 32963**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D/S/T**
STREET ADDRESS **King, Ralph T.**
CITY-ST-ZIP **4735 Hamilton Court
Vero Beach, FL 32967**

TITLE ☐ Change ☒ Addition
NAME **D/V**
STREET ADDRESS **Conway, Earl C.**
CITY-ST-ZIP **1020 Olde Doubloon Drive
Vero Beach, FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X Ralph T King Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 778-6895
Date Daytime Phone #