

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718671

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1045 ST. JAMES CIRCLE  
VERO BEACH, FL 32967 US

**New Principal Place of Business:**

**Current Mailing Address:**

1045 ST. JAMES CIRCLE  
VERO BEACH, FL 32967 US

**New Mailing Address:**

**FEI Number:** 23-7089453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KING, RALPH T  
1045 ST. JAMES CIRCLE  
VERO BEACH, FL 32967 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: D/P  
Name: LLERENA, EDWARD D  
Address: 924 RIOMAR DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: D/V  
Name: GINN, CAROLINE  
Address: 1134 OLDE GALLEON LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: DST  
Name: KING, RALPH T  
Address: 1045 ST. JAMES CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

Title: DV  
Name: CONWAY, EARL C  
Address: 1020 OLDE DOUBLOON DR  
City-St-Zip: VERO BEACH, FL 32963

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: RALPH T. KING

DST

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date