FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:25

DOCUMENT # **728736** **(0)**

1. Corporation Name

INDIAN RIVER SHORES RESIDENT'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 8284 VERO BCH. FL 32963	P. O. BOX 8284 VERO BCH. FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1974
3a. Date of Last Report: 03/22/1994
4. FEI Number: 23-7400546 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BUCK LOUIS E.
129-20 E. PARK SHORES CIRCLE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: William Oliver
82 Street Address (P.O. Box Number is Not Acceptable): 5601 Hwy A1A, # 1105
83:
84 City: Vero Beach FL 85 Zip Code: 32963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William Oliver (Signature of [or] printed name of registered agent and title, if applicable) 6/6/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President	☒ Change ☐ Addition
NAME	BUCK, LOUIS E.	12 NAME	William Oliver	
STREET ADDRESS	129-20 E PARK SHORE CIR.	13 STREET ADDRESS	5601 Hwy A1A, # 1105	D
CITY ST ZIP	VERO BCH. FL	14 CITY ST ZIP	Vero Beach FL 32963	
TITLE	VD	21 TITLE	1st Vice Pres	☒ Change ☐ Addition
NAME	O'LAUGHLIN	22 NAME	Robert MacPherson	
STREET ADDRESS	191 OLEANDIN WAY	23 STREET ADDRESS	210 Park Shores Circle	D
CITY ST ZIP	VERO BCH. FL	24 CITY ST ZIP	Vero Beach FL 32963	
TITLE	VD	31 TITLE	2nd Vice Pres	☒ Change ☐ Addition
NAME	ALLEN, BRENDA	32 NAME	Brad Hamson	
STREET ADDRESS	4683 PEBBLE BAY CIR	33 STREET ADDRESS	5400 N. A1A, G31	D
CITY ST ZIP	VERO BCH. FL	34 CITY ST ZIP	Vero Beach, FL 32963	
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	WALKER, HARRY	42 NAME		
STREET ADDRESS	8317 CHINABERRY LN. D	43 STREET ADDRESS		
CITY ST ZIP	VERO BCH. FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(i), 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: Harry Walker HARRY WALKER 6/10/95 407-231-4873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0036848