FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N14911

(4)

INDIAN TRAILS CLUB, INC.											
Principal Place o	of Business	Mail	ng Address				3 IMBISTOL US! (1901 MIAIM FAIRL SI		P1811 91911 B1811	4·4·1 9·5/1 (49·	
CAN ELLINTE	MERRILL MANAGEMENT	C	O ELLIOTT MERRILL	MANAGEN	(EN	Г					
1106 12TH ST		ii	05 12TH ST							_	
VERO BEACH FL 32960			VERO BEACH FL 32960				3. Date Incorporated or Qualified	3a. D	Date of Last Report		
US		U	8				05/14/1986	[05/01/19	995	
2. Principal Plac	ce of Business	2a. N	Mailing Address				4. FEI Number		A	pplied For	
21		26					36-3517986			ot Applicable	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		• -	Additional	
22		27								equired	
City & State		F	City & State				6. Election Campaign Financing			May Be	
23		28	<u> </u>	1 0			Trust Fund Contribution 8. This corporation has liability for			to Fees	
Zip	Country		Zip	Cou	ntry		Florida Statutes	intangible ☐ Yes ¶	No	199.002,	
24	9. Name and Address of Current	29 Registe	trenA herr	30]			10. Name and Address of New				
	S. Hame and Address of Current	. Ingliate			81	Name					
	DIGITADO						Idago (D.O. Day Number in Not Accepte	ble)			
ELLIOTT	, RICHARD	NACEA	CNIT		82	Street Ad	dress (P.O. Box Number is Not Accepta	rua)			
	IOTT MERRILL COMMUNITY MA	NAGEM	EMI		83					- 4"	
	TH STREET									Codo	
	EACH FL 32960				84	City		F	L ' '	Code	
44 0	the provisions of Sections 617.0502	and 617	1508 Florida Statute	es the abo	ve-r	named corp	poration submits this statement for the p pard of directors. I hereby accept the ap	urpose of c	hanging its re	gistered office	
or registere	o the provisions of Sections 617.0002 ad agent, or both, in the State of Floric	la. Such	change was authorize	ed by the o	corp	oration's bo	pard of directors. I hereby accept the ap	pointment a	as registered	agent. I am	
familiar wit	h, and accept the obligations of, Secti	on 617.0	503, Florida Statutes	i.							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if or	mirehia (NO	TF: Registered	Ager	nt signature regu	uired when reinstating)	DATE			
12.	Signature, typed or printed name or registered agent. OFFICERS ANI			13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO		
TITLE	PD	20.1.00	DELETE	1.1 TI	TLE		7 D		☐ Change	Addition Addition	
NAME	GARCIA, ARTHUR			1.2 N	AME	[·	BULLIOP				
STREET ADDRESS	500 SUNDANCE TRAIL			1.3 S	TREE'	T ADDRESS	471 N Arrownead Ti	all			
	VERO BEACH FL			1.4 C	(TY - !	ST-ZIP	VOYO 1380(1)11-6-		. <u> </u>		
CITY-ST-ZIP TITLE	TD		DELETE	2.1 \$	_	,	15 Lewis, Charles 550 N. Sundance Vero Beach, FL		Change	Addition	
NAME	LEWIS, CHARLES			2.2 N	AME	l	Lewis, Charles	1			
STREET ADDRESS	550 N SUNDANCE TRAIL			235	TREE	T ADDRESS	550 N. Sundance	man	ı		
ļ ⁻	VERO BEACH FL		,	2. 4 (CITY -	ST-ZIP	Vero Beach FL	<u> </u>			
CITY-ST-ZIP TITLE	S		DELETE	3.1 T			D '		Change	Addition	
NAME	CAIN, JAMES			3.2 N	IAME	1	Edmonds, Andrew	١			
STREET ADDRESS	421 ARROWHEAD TRAIL			335	TREE	T ADDRESS	621 Tomahawk Tro	λIJ			
CITY-ST-ZIP	VERO BCH FL			3.4.	CITY-	-ST-ZIP	bai Tomahawk Tro Ve 10 Beach FL				
TITLE	VD SOLUTE		DELETE	4.1 T	ITLE	- !			Change	☐ Addition	
NAME	LEVERE, BARBARA			4.2	NAMI	E	Levere, Barbara				
STREET ADDRESS	701 CANOE STREET			4.3 5	STREE	ET ADDRESS	701 Canoe Trail			,	
CITY-ST-ZIP	VERO BEACH FL		/	4.4 (CITY-	ST-ZIP	vero Beach, FL				
TITLE	D		DELETE	5.11	TITLE		D		Change	Addition	
NAME	PATERNO, CHARLES			5.21	NAME		Holman, Harry, Tomanawk Trail				
STREET ADDRESS	521 SUNDANCE TRAIL			5.3 \$	STREE	ET ADDRESS	Tomanawk Ira'll				
CITY-ST-ZIP	VERO BCH FL			5,41	CITY-	ST-ZIP	Vero Beach IFL				
TITLE	D		DELETE	61	TITLE				Change	☐ Addition	
NAME	PIERCE, PHILLIP			6.21	NAME	.					
STREET ADDRESS	330 LEGEND TRAIL			6.3	STRE	ET ADDRESS					
	VEDO BEACH EI			64	CITY-	-SI-ZIP					
14. I do herel	by certify that the information supplied	with this	filing is voluntarily fur	rnished and	do	es not qual	ify for the exemption stated in Section 1	19.07(3)(k),	Florida Statu	ites. I further if made under	

Too hereby 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 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 certify 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:

SIGNATURE AND TYPED OR PRESTED NAME OF SIGNING OFFICER OR DIRECTOR

128/76

Daytime Phone #

Additional Directors

#7) D Sibson, Sally 520 Sundance Trail Vero Beach, FL 32963

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