2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N93000002682 1. Entity Name 04-26-2004 91037 020 ****61.25 NORTH BEACH CIVIC ASSOCIATION OF INDIAN RIVER COUNTY, INC. Principal Place of Business Mailing Address 1802 BAREFOOT PLACE EAST P.O. BOX 700969 WABASSO FL 32970-0969 VERO BEACH FL 32963-4548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3206463 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLYNN, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 1802 BAREFOOT PLACE EAST VERO BCH FL 32963 City Zio 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) FILE NOW: FEE 15 \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SECRETARY ☐ Change TITLE Delete TITLE BRUCE, ROBERT E JERI L. GLYNN NAME 1802 BARRFOOT PLACE EAST 12396 N A1A STREET ADDRESS STREET ADDRESS VERO BEACH FL IERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Addition Change TITLE Delete TITLE JANWE KEN WORTHY 1820 PEBBLE PATH AMBRUN, KAREN NAME NAME 3385 MARINERS WAY STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP VERD BEACH FL 32963 PD ☐ Delete Change | ☐ Addition TITLE TITLE GLYNN, WILLIAM G NAME NAME 1802 BAREFOOT PLACE EAST STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12\lambda I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 reserver 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.

FILED