

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **718980**

(6)

1. Corporation Name

INDIAN RIVER YACHT CLUB, INC.

Principal Place of Business

Mailing Address

~~112 RIVERSIDE DR.~~
P.O. BOX 992
COCOA FL 32923-7992

~~112 RIVERSIDE DR.~~
P.O. BOX 992
COCOA FL 32923-7992



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/10/1970

3a. Date of Last Report

06/28/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

BRIAN DOVE

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

83

1676 WOODLAND DRIVE

84 City

ROCKLEDGE

FL

85 Zip Code

32955

11. Pursuant to the provisions of Sections 617.0505 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Brian Dove

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, JOHN	
STREET ADDRESS	RAINTREE CIRCLE 2495 RAIN TREE LAKE CIR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	T KEAR COMMODORE	<input type="checkbox"/> DELETE
NAME	TOLSON, SHARON	
STREET ADDRESS	840 SANDGATE STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, STERLING	
STREET ADDRESS	1015 TRINIDAD ROAD	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAPELLIN, NANCY	
STREET ADDRESS	3965 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, EDWARD	
STREET ADDRESS	2655 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPELLIN, DOR	
STREET ADDRESS	3965 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRIAN DOVE	
1.3 STREET ADDRESS	1676 WOODLAND DRIVE	
1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
2.1 TITLE	DOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	COMMODORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN LLIBRE	
3.3 STREET ADDRESS	2515 OAK PARK COURT	
3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 of 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:

Brian Dove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

4-15-96 (407) 633-8321

CR2E037 (12/95)