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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718980

(6)

1. Corporation Name

INDIAN RIVER YACHT CLUB, INC.

Principal Place of Business

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

Mailing Address

~~112 RIVERSIDE DR.~~
P.O. BOX 992
COCOA FL 32923-09923. Date Incorporated or Qualified
08/10/19703a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 1000 ROCKLEDGE DRIVE

2a. Mailing Address

26 P.O. BOX 992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ROCKLEDGE, FL

City & State

28 COCOA, FL

Zip

24 32955

Country

Zip

29 32923

Country

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIAN DOVE
1676 WOODLAND DRIVE
ROCKLEDGE FL 32955

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
HARRISON, JOHN
2495 RAINTREE LAKE CIRCLE
MERRITT ISLAND FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
COMMODORE KEAR
840 SANDGATE STREET
MERRITT ISLAND FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
BRIAN DOVE
1676 WOODLAND DR.
ROCKLEDGE, FL 32955
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
JOHN LLIBRE
2515 OAK PARK COURT
MERRITT ISLAND FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CAPELLIN, NANCY
3965 S TROPICAL TRAIL
MERRITT ISLAND FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRISON, EDWARD
2655 S. TROPICAL TRAIL
MERRITT ISLAND FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAPELLIN, DOR
3965 S. TROPICAL TRAIL
MERRITT ISLAND FL☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE:

BRIAN DOVE
TREASURER
4-26-97 (407) 636-4520

4-26-97 (407) 636-4520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0019049

CR2E037 (9/96)