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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718980

1. Corporation Name

INDIAN RIVER YACHT CLUB, INC.

Principal Place of Business

1000 ROCKLEDGE DR
 ROCKLEDGE FL 32955
 US

Mailing Address

P.O. BOX 992
 P.O. BOX 992
 COCOA FL 32923-7992
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/10/1970

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEVILLE, STEVEN E.
3905 WILDPINE LANE
MERRITT ISLAND FL 32952

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 617.4608, 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 617.0505, 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 ☐ DELETE

NAME **D HARRISON, JOHN**
 STREET ADDRESS **2495 RAINTREE LAKE CIRCLE**
 CITY-ST-ZIP **MERRITT ISLAND FL**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PRESIDENT SHARON TOLSON**
 1.3 STREET ADDRESS **840 Sandgate St**
 1.4 CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE ☐ DELETE

NAME **T NEVILLE, STEVE E.**
 STREET ADDRESS **3905 WILDPINE LANE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **DIRECTOR MEREDITH NEVILLE**
 2.3 STREET ADDRESS **3905 Wildpine lane**
 2.4 CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE ☐ DELETE

NAME **C JOHN LIBRE**
 STREET ADDRESS **2515 OAK PARK COURT**
 CITY-ST-ZIP **MERRITT ISLAND FL**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **DIRECTOR RANDY TALBOT**
 3.3 STREET ADDRESS **400 ARTEMIS Blvd**
 3.4 CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE ☐ DELETE

NAME **S CAPELLIN, NANCY**
 STREET ADDRESS **3965 S TROPICAL TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D HARRISON, EDWARD**
 STREET ADDRESS **2655 S. TROPICAL TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D CAPELLIN, DOR**
 STREET ADDRESS **3965 S. TROPICAL TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)