

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90078 026 ****61.25

DOCUMENT # N01714

1. Corporation Name

**SECOND INDIAN RIVER ISLES PROPERTY OWNERS' ASSOC
IATION, INC.**

Principal Place of Business

**6241 HALYARD COURT
ROCKLEDGE FL. 32955**

Mailing Address

**6241 HALYARD COURT
ROCKLEDGE FL. 32955**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/29/1984

4. FEI Number

59-2936279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SERGIS, TIFFANY T
6235 HALYARD CT
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

81 Name **Bernard Burnett**

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

6232 Halyard Court

83

84 City **Rockledge**

FL

85 Zip Code
32955

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

Bernard Burnett

Bernard Burnett

Feb 22, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **VPD**
STREET ADDRESS **WHEATLEY, DIANE**
CITY-ST-ZIP **6246 HALYARD CT
ROCKLEDGE FL**

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **WARREN, PETER**
CITY-ST-ZIP **6295 CAPSTAN CT
ROCKLEDGE FL 32955**

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **SERGIS, TRIFFANY**
CITY-ST-ZIP **6235 HALYARD CT
ROCKLEDGE FL 32955**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **Boyland, Vista**
1.4 CITY-ST-ZIP **6222 Halyard Ct.
Rockledge, FL 32955**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VPD**
2.3 STREET ADDRESS **Lamm, William**
2.4 CITY-ST-ZIP **6216 Halyard Ct.
Rockledge, FL 32955**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **Wass, Joan**
3.4 CITY-ST-ZIP **6236 Halyard Ct.
Rockledge, FL 32955**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TD**
4.3 STREET ADDRESS **Burnett, Bernard**
4.4 CITY-ST-ZIP **6232 Halyard Ct
Rockledge, FL 32955**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Turner, Susan**
5.4 CITY-ST-ZIP **6231 Halyard Ct
Rockledge, FL 32955**

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:

Bernard Burnett

Feb 22, 1999 407-631-9515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)