


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90011 010 \*\*\*\*61.25

<b>DOCUMENT # N01714</b> 1. Entity Name <b>SECOND INDIAN RIVER ISLES PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>6241 HALYARD COURT ROCKLEDGE, FL 32955</b>			Mailing Address <b>6241 HALYARD COURT ROCKLEDGE, FL 32955</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2936279</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BURNETT, BERNARD 6232 HALYARD CT. ROCKLEDGE, FL 32955</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
DP LOTATE, TROY 6240 CAPSTAN COURT ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DV GLEGHORN, BETTINA 6201 HALYARD CT. ROCKLEDGE, FL 32955		DV Carl Byrn 6234 Halyard Court Rockledge, FL 32955			
DS KUGELMANN, MARIA 6210 HALYARD CT. ROCKLEDGE, FL 32955		DS Arleen Pitts 6212 Halyard Court Rockledge, FL 32955			
TD BURNETT, BERNARD 6232 HALYARD CT. ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
D PITTS, ARLEEN 6212 HALYARD CT. ROCKLEDGE, FL 32955		D Julia Ringsmith 6245 Capstan Court Rockledge, FL 32955			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. 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 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 receiver 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.					
<b>SIGNATURE: Bernard Burnett</b> <i>Bernard Burnett</i> <b>2/13/05 321-631-9515</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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