


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 718980 1. Entity Name INDIAN RIVER YACHT CLUB, INC.	
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Principal Place of Business PO BOX 992 ROCKLEDGE, FL 32955 US	Mailing Address P.O. BOX 992 P.O. BOX 992 COCOA, FL 32923-7992 US
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01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEVILLE, STEVEN E. 3905 WILDPINE LANE MERRITT ISLAND, FL 32952

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TOLSON, SHARON 840 SANDGATE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEVILLE, STEVE E. 3905 WILDPINE LANE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALBOT, RANDY 400 ARTEMIS BLVD MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPELLIN, NANCY 3965 S TROPICAL TRAIL MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, EDWARD 2655 S. TROPICAL TRAIL MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPELLIN, DOR... 3965 S. TROPICAL TRAIL MERRITT ISLAND, FL

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01/10/07-80091-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE NEVILLE

Date

1/8/07

Daytime Phone #

321 678-2390X109