2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90239 016 ****61.25

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1. Entity Name
THE CIVIC ASSOCIATION OF INDIAN RIVER COUNTY, INC.

Principal Place of Business	Mailing Address
924 RIOMAR DRIVE VERO BEACH, FL 32964-0381	P.O. BOX 643381 VERO BEACH, FL 32964-3381

DO NOT WRITE IN THIS SPACE

04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
23-7089453
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ASERENA, EDWARD D
924 RIOMAR DRIVE
VERO BEACH, FL 32963

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	LLERENA, EDWARD D
STREET ADDRESS	924 RIOMAR DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D/V
NAME	GINN, CAROLINE
STREET ADDRESS	1134 OLDE GAILEON LANE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	DST
NAME	KING, RALPH T
STREET ADDRESS	4735 HAMILTON CT
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	DV
NAME	CONWAY, EARL C
STREET ADDRESS	1020 OLDE DOUBLOON DR
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Edward D. Llerena EDWARD D. LLERENA PRESIDENT 4/29/08 772-231-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #