2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 718980

Entity Name: INDIAN RIVER YACHT CLUB, INC.

Current Principal Place of Business:

PO BOX 992
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 992
P.O. BOX 992
COCOA, FL 329237992 US

New Mailing Address:

FEI Number: 59-2175768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	TOLSON, SHARON	
Address:	840 SANDGATE	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:	T	( ) Delete
Name:	NEVILLE, STEVE E.	
Address:	3905 WILDPINE LANE	
City-St-Zip:	MERRITT ISLAND, FL 32952	
Title:	D	( ) Delete
Name:	TALBOT, RANDY	
Address:	400 ARTEMIS BLVD	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:	S	( ) Delete
Name:	CAPELLIN, NANCY	
Address:	3965 S TROPICAL TRAIL	
City-St-Zip:	MERRITT ISLAND, FL	
Title:	D	( ) Delete
Name:	HARRISON, EDWARD,	
Address:	2655 S. TROPICAL TRAIL	
City-St-Zip:	MERRITT ISLAND, FL	
Title:	D	( ) Delete
Name:	CAPELLIN, DOR,	
Address:	3965 S. TROPICAL TRAIL	
City-St-Zip:	MERRITT ISLAND, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE E NEVILLE TRES 01/09/2009

Electronic Signature of Signing Officer or Director — Date