

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718671

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

924 RIOMAR DRIVE  
VERO BEACH, FL 329640381

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 643381  
VERO BEACH, FL 329643381

**New Mailing Address:**

**FEI Number:** 23-7089453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASERENA, EDWARD D  
924 RIOMAR DRIVE  
VERO BEACH, FL 32963 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: D/P ( ) Delete  
Name: LLERENA, EDWARD D  
Address: 924 RIOMAR DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: D/V ( ) Delete  
Name: GINN, CAROLINE  
Address: 1134 OLDE GAILEON LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: DST ( ) Delete  
Name: KING, RALPH T  
Address: 4735 HAMILTON CT  
City-St-Zip: VERO BEACH, FL 32967

Title: DV ( ) Delete  
Name: CONWAY, EARL C  
Address: 1020 OLDE DOUBLOON DR  
City-St-Zip: VERO BEACH, FL 32963

**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:

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: RALPH T. KING

DST

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date