

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006715

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

**Current Principal Place of Business:**

C/O BRADLEY NEWMAN  
PO BOX 1509  
VERO BEACH, FL 32961

**Current Mailing Address:**

C/O BRADLEY NEWMAN  
PO BOX 1509  
VERO BEACH, FL 32961 US

**FEI Number:** 59-2551432

**Certificate of Status Desired:** No

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

NEWMAN, BRADLEY ALLEN  
C/O BRADLEY NEWMAN  
PO BOX 1509  
VERO BEACH, FL 32961 US

*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:** BRADLEY ALLEN NEWMAN

03/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LUNCEFORD, LANCE  
Address        4340 12TH LANE  
City-State-Zip: VERO BEACH FL 32966

Title            TREASURER  
Name            NEWMAN, BRADLEY  
Address        453 22ND ST SE  
City-State-Zip: VERO BEACH FL 32962

Title            VP  
Name            DEMUTH , DOUG  
Address        1804 E SANDPOINT PL  
City-State-Zip: VERO BEACH FL 32963

Title            SECRETARY  
Name            AGUIRRE, SUSAN  
Address        C/O SUSAN AGUIRRE  
                 PO BOX 1509  
City-State-Zip: VERO BEACH FL 32961

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRADLEY NEWMAN

**TREASURER**

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date