# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N15000011764

#### Entity Name: BIKE WALK INDIAN RIVER COUNTY, INC.

# **Current Principal Place of Business:**

2975 20TH ST. VERO BEACH, FL 32960

# **Current Mailing Address:**

P. O. BOX 1792 VERO BEACH. FL 32961 US

# FEI Number: 81-0947771

# Name and Address of Current Registered Agent:

BANOV, AMY 2975 20TH ST. VERO BEACH, FL 32960 US Certificate of Status Desired: No

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: AMY BANOV			01/09/2024	
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	BANOV, AMY	Name	HUNTER, DAVE	
Address	P. O. BOX 1792	Address	P. O. BOX 1792	
City-State-Zip:	VERO BEACH FL 32961	City-State-Zip:	VERO BEACH FL 32961	
Title	TREASURER	Title	DIRECTOR	
Name	CERCHIE, DAVID	Name	AUWAERTER, BOB	
Address	501 N. SWIM CLUB DRIVE, 3A	Address	P. O. BOX 1792	
City-State-Zip:	INDIAN RIVER SHORES FL 32963	City-State-Zip:	VERO BEACH FL 32961	
Title	DIRECTOR	Title	SECRETARY	
Name	JAYE, DANNY	Name	MOORE, TARA	
Address	P. O. BOX 1792	Address	P. O. BOX 1792	
City-State-Zip:	VERO BEACH FL 32961	City-State-Zip:	VERO BEACH FL 32961	
Title	DIRECTOR	Title	DIRECTOR	
Name	JENNINGS, LINDA DEEM	Name	LAMBERT, HAL	
Address	P. O. BOX 1792	Address	P. O. BOX 1792	
City-State-Zip:	VERO BEACH FL 32961	City-State-Zip:	VERO BEACH FL 32961	

#### Continues on page 2

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: LINDA DEEM JENNINGS

DIRECTOR

01/09/2024

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 09, 2024 Secretary of State 8315608271CC

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	MERRITT, J ANDREA	Name	MALTESE, JEFF
Address	P. O. BOX 1792	Address	4565 BRIDGEPOINTE WAY UNIT 138
City-State-Zip:	VERO BEACH FL 32961	City-State-Zip:	VERO BEACH FL 32967
Title	DIRECTOR	Title	DIRECTOR
Name	BARNHOUSE, REBECCA	Name	KRISS, JOAN
Address City-State-Zip:	706 13TH AVENUE VERO BEACH FL 32962		
		Address	1557 DAMASK LANE
		City-State-Zip:	SEBASTIAN FL 32958