

**2023 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**

**Certificate of Status Desired: No**

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

BANOV, AMY  
2975 20TH ST.  
VERO BEACH, FL 32960 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:** AMY BANOV

01/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BANOV, AMY  
Address        P. O. BOX 1792  
City-State-Zip: VERO BEACH FL 32961

Title            VP  
Name            HUNTER, DAVE  
Address        P. O. BOX 1792  
City-State-Zip: VERO BEACH FL 32961

Title            TREASURER  
Name            CERCHIE, DAVID  
Address        501 N. SWIM CLUB DRIVE, 3A  
City-State-Zip: INDIAN RIVER SHORES FL 32963

Title            DIRECTOR  
Name            AUWAERTER, BOB  
Address        P. O. BOX 1792  
City-State-Zip: VERO BEACH FL 32961

Title            DIRECTOR  
Name            BARKER, BARRY  
Address        P. O. BOX 1792  
City-State-Zip: VERO BEACH FL 32961

Title            DIRECTOR  
Name            JAYE, DANNY  
Address        P. O. BOX 1792  
City-State-Zip: VERO BEACH FL 32961

Title            SECRETARY  
Name            MOORE, TARA  
Address        P. O. BOX 1792  
City-State-Zip: VERO BEACH FL 32961

Title            DIRECTOR  
Name            JENNINGS, LINDA DEEM  
Address        P. O. BOX 1792  
City-State-Zip: VERO BEACH FL 32961

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*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:** AMY BANOV

**PRESIDENT**

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           LAMBERT, HAL  
Address        P. O. BOX 1792  
City-State-Zip: VERO BEACH FL 32961

Title           DIRECTOR  
Name           MERRITT, J ANDREA  
Address        P. O. BOX 1792  
City-State-Zip: VERO BEACH FL 32961