

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011764

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

**Current Principal Place of Business:**

1994 6TH AVENUE, SE  
VERO BEACH, FL 32962

**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:**

AARON, LAURA G  
1994 6TH AVENUE, SE  
VERO BEACH, FL 32962 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            AARON, HUGH  
Address        1994 6TH AVENUE, SE  
City-State-Zip: VERO BEACH FL 32962

Title            SECRETARY  
Name            AARON, LAURA  
Address        1994 6TH AVENUE, SE  
City-State-Zip: VERO BEACH FL 32962

Title            VP  
Name            ALLEN, MALCOLM  
Address        1175 COMMERCE AVE  
City-State-Zip: VERO BEACH FL 32960

Title            VP  
Name            BANOV, AMY  
Address        2975 TWENTIETH STREET  
City-State-Zip: VERO BEACH FL 32960

Title            TREASURER  
Name            HUNTER, DAVE  
Address        5107 FORMOSA CIRCLE  
City-State-Zip: VERO BEACH FL 32967

Title            DIRECTOR  
Name            FREEMAN, KATHLEEN  
Address        808 22ND STREET #1  
City-State-Zip: VERO BEACH FL 32960

Title            DIRECTOR  
Name            FEENY, SUZY  
Address        6655 MARTINIQUE WAY  
City-State-Zip: VERO BEACH FL 32967

Title            DIRECTOR  
Name            MCCARTHY, CHRIS  
Address        834 BEARD AVENUE  
City-State-Zip: SEBASTIAN FL 32958

**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: AMY BANOV**

**VP**

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GOFF, TERRY  
Address 1940 10TH AVENUE, SUITE C-1  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name PORTA, JOHN  
Address 1846 14TH AVENUE #104  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name SPECK, GREG  
Address 2380 LITTLE EAGLE LANE SW  
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR  
Name SISTLER, BILL  
Address 106 KILDARE DRIVE  
City-State-Zip: SEBASTIAN FL 32958