

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011764

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**2016832911CC**

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

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

Title            DIRECTOR  
Name            FLOYD, TEDDY  
Address        INDIAN RIVER COUNTY SHERIFF'S  
                  OFFICE  
                  4055 41ST AVE  
City-State-Zip: VERO BEACH FL 32960

Title            DIRECTOR  
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

**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: LAURA G. AARON**

**SECRETARY**

**02/12/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name GOFF, TERRY  
Address 1940 10TH AVENUE, SUITE C-1  
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