

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44395

Entity Name: INDIAN RIVER COUNTY AIRBOAT ASSOCIATION, INC.**Current Principal Place of Business:**10215 134TH CT
FELLSMERE, FL 32948**Current Mailing Address:**P.O. BOX 291
FELLSMERE, FL 32948**FEI Number:** 65-0319844**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, BRAE
605 43RD AVE
VERO BEACH, FL 32968 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:** BRAE ANDERSON

06/01/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	ANDERSON, BRAE
Address	605 43RD AVE
City-State-Zip:	VERO BEACH FL 32968

Title	TREASURER
Name	HOLBROOK, HEATHER
Address	4235 70TH AVE
City-State-Zip:	VERO BEACH FL 32967

Title	PRESIDENT
Name	SHUTES, PAUL
Address	1015 HAPPINESS AVE S.W.
City-State-Zip:	PALM BAY FL 33908

Title	VP
Name	ANDERSON, ROBERT
Address	605 43RD AVE
City-State-Zip:	VERO BEACH FL 32968

Title	DIRECTOR
Name	FLOOD, DOUG
Address	924 LOUISIANA AVE
City-State-Zip:	SEBASTIAN FL 32958

Title	DIRECTOR
Name	HOLBROOK, ERIC
Address	4235 70TH AVE
City-State-Zip:	VERO BEACH FL 32967

Title	DIRECTOR
Name	ANDERSON, PAIGE
Address	605 43RD AVE
City-State-Zip:	VERO BEACH FL 32968

Title	DIRECTOR
Name	GARIDNER, ROBERT
Address	P.O. BOX 291
City-State-Zip:	FELLSMERE FL 32948

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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: HEATHER HOLBROOK

TREASURE

06/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAVEY, JAY
Address P.O. BOX 291
City-State-Zip: FELLSMERE FL 32948

Title DIRECTOR
Name WORTHERN, CHRIS
Address P.O. BOX 291
City-State-Zip: FELLSMERE FL 32948