

DOCUMENT # 200823

1. Entity Name
INDIAN RIVER REALTY INC

Principal Place of Business

1090 N. A1A
PO BOX 3649
INDIALANTIC FL 32903

Mailing Address

PO BOX 3649
PO BOX 3649
INDIALANTIC FL 32903
US

2. Principal Place of Business

1090 N. A1A
Suite, Apt. #, etc.
P.O. Box 33697

3. Mailing Address

P.O. Box 33697

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

32903

Country

Brewood

Zip

SAME

Country

SAME

4. FEI Number 59-0814092

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, PERRY J JR
2205 PINEMeadow AVE
W MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS


TITLE	PD	<input type="checkbox"/> Delete
NAME	COLEMAN, P J JR	
STREET ADDRESS	2205 PINE MEADOW	
CITY-ST-ZIP	W MELBOURNE, FL 00000	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	KISH, LEONNA	
STREET ADDRESS	451 TORTOISE VIEW CIRCLE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLEMAN, JUDITH	
STREET ADDRESS	2205 PINE MEADOW	
CITY-ST-ZIP	W.MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

Date

321-723-4747

Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90032 003 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)