

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 306799

FILED
Aug 02, 2005
Secretary of State

Entity Name: HALE INDIAN RIVER GROVES, INC.

Current Principal Place of Business:

9255 US HWY 1
P O BOX 700217
WABASSO, FL 32970

New Principal Place of Business:

Current Mailing Address:

9255 US HWY 1
P O BOX 700217
WABASSO, FL 32970

New Mailing Address:

FEI Number: 59-1142796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DABERKOW, ROBERT A
1125 BLOSSOM DRIVE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: CRAIG, CHARLIE
Address: 2 SOUNDVIEW DRIVE, SUITE 2
City-St-Zip: GREENWICH, CT 06830

Title: DIR () Delete
Name: HALE, STEPHEN C III
Address: 9255 US HWY 1
City-St-Zip: WABASSO, FL 32970

Title: CFO () Delete
Name: DARREN, SYLVIA
Address: 9255 US HWY 1
City-St-Zip: WABASSO, FL 32970

Title: CEO () Delete
Name: HALE, SUSAN B
Address: 9255 US HWY 1
City-St-Zip: WABASSO, FL 32970

Title: PRES () Delete
Name: DABERKOW, ROBERT A
Address: 9255 US HWY 1
City-St-Zip: WABASSO, FL 32970

Title: DIR (X) Delete
Name: CROMWELL, RIDGELY
Address: 2 SOUNDVIEW DRIVE, SUITE 2
City-St-Zip: GREENWICH, CT 06830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CONT (X) Change () Addition
Name: WALSH, BRIAN J
Address: 9255 US HWY 1
City-St-Zip: WABASSO, FL 32970

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN J. WALSH

CONT

08/02/2005

Electronic Signature of Signing Officer or Director

_____ Date