


FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701477** (2)
1. Corporation Name
GARDEN CLUB OF INDIAN RIVER COUNTY, INCORPORATED

Principal Place of Business 2526 17TH AVENUE VERO BEACH FL 32960	Mailing Address 2526 17TH AVENUE VERO BEACH FL 32960
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/30/1960	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BURGESS, HELENA
4801 NORTH A-1-A
VERO BEACH FL 32963-1352**

10. Name and Address of New Registered Agent 81 Name Dottie Smith 82 Street Address (P.O. Box Number is Not Acceptable) 1503 Camino del Rio West 83 VERO Beach, FL 32963-2213 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Dottie Smith* **Dottie Smith, President** 1/13/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD NAME BURGEN, HELENA O. STREET ADDRESS 4801 NORTH A1A CITY-ST-ZIP VERO BEACH FL
TITLE	VD NAME MICHAEL, ANNE STREET ADDRESS 1 ERRING POINT CITY-ST-ZIP ORCHID ISLAND FL 32963-4103
TITLE	VD NAME SMITH, DOTTIE STREET ADDRESS 1503 CAMINO DEL RIO WEST CITY-ST-ZIP VERO BEACH FL 32963-2213
TITLE	S NAME HOLT, BETTY STREET ADDRESS 1860 WATERFORD DR CITY-ST-ZIP VERO BCH FL
TITLE	S NAME FREDLOCK, ANNE STREET ADDRESS 717 SHORE DRIVE CITY-ST-ZIP VERO BEACH FL 32963-1263
TITLE	T NAME HINTON, MARJORIE A. STREET ADDRESS 1234 S.W. 38TH AVE. CITY-ST-ZIP VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President
1.2 NAME	Dottie Smith
1.3 STREET ADDRESS	1503 Camino del Rio West
1.4 CITY-ST-ZIP	VERO Beach, FL 32963-2213
2.1 TITLE	Vice President
2.2 NAME	Ann Carter
2.3 STREET ADDRESS	1520 Club Drive
2.4 CITY-ST-ZIP	VERO Beach, FL 32963-2914
3.1 TITLE	Vice President
3.2 NAME	Mary Wellford
3.3 STREET ADDRESS	500 Sable OAK LANE
3.4 CITY-ST-ZIP	VERO Beach, FL 32963-2213
4.1 TITLE	Recording Secretary
4.2 NAME	Bonnie Veron
4.3 STREET ADDRESS	280 S. Peppertree Drive
4.4 CITY-ST-ZIP	VERO Beach, FL 32963-5012
5.1 TITLE	Corresponding Secretary
5.2 NAME	Rachel Ryall
5.3 STREET ADDRESS	641 Marbrisa River Lane
5.4 CITY-ST-ZIP	VERO Beach, FL 32963-4290
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marjorie A. Hinton* **Marjorie A. Hinton, Treasurer** 1/13/98 770-1959
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)