## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

**FILED** Mar 19, 2007 08:00 Al Secretary of State

DOCL	IMEN <sup>-</sup>	Γ#7	03143
------	-------------------	-----	-------

1. Entity Name

INDIAN RIVER LITTLE HOUSE ASSOCIATION, INC.



Principal Place of Business

1846 18 AVE VERO BEACH, FL 32960 US Mailing Address

P.O. BOX 643068 VERO BEACH, FL 32964



03092007 No Chq-NP

CR2E037 (4/06)

4. FEI Number 59-2359662

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HEWETT, RONNIE 2926 PIPER DRIVER **BUILDING 13** VERO BEACH, FL 32960

## DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Registered Agent signature requ	uired when reinstating)	DATE		
•	Filing Fee is \$61.25 Due by May 1, 2007		55.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS		gayargang s	man San San Bear a series that the land of the series of the series		
TITLE NAME	PRES HEWETT, RONNIE			ange de l'écologie (g. 15), a grand de l'écologie (g. 15). L'al local and a l'écologie (g. 15), a grand de l'écologie (g. 15).		
STREET ADDRESS	P O BOY 643068	and the state of				

CITY-ST-ZIP VERO BEACH, FL 32964 TITLE NAME COTHERMAN, PAUL R III STREET ADDRESS P.O. BOX 643068 CITY-ST-ZIP VERO BEACH, FL 32964 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

. 03/28/07-80022-015

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO