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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713287 (1)

1. Corporation Name
REALTORS ASSOCIATION OF INDIAN RIVER COUNTY, INC

Principal Place of Business	Mailing Address
2182 PONCE DE LEON VERO BEACH FL 32960	2182 PONCE DE LEON VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1967
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-1877401 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COLLINS, GEORGE G JR
756 BEACHLAND BLVD
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: George G Collins Jr 2/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	President	X Change ☐ Addition
NAME	FEINSILVER, WENDY	1.2 NAME	Donner, Edward	
STREET ADDRESS	321 21 ST	1.3 STREET ADDRESS	321 21st Street	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	D	2.1 TITLE	President Elect	X Change ☐ Addition
NAME	CHURCHILL, WILLIAM B.	2.2 NAME	Paradise, Rodney	
STREET ADDRESS	4729 N. A-1-A	2.3 STREET ADDRESS	2855 Ocean Driver	
CITY-ST-ZIP	VERO BCH, FL 00000	2.4 CITY-ST-ZIP	Vero Beach, FL 32964	
TITLE	D	3.1 TITLE	Secretary/Treasurer	X Change ☐ Addition
NAME	DONNER, ED	3.2 NAME	Armfield, Peter	
STREET ADDRESS	321 21ST STREET	3.3 STREET ADDRESS	1940 10 Avenue	
CITY-ST-ZIP	VERO BEACH, FL 00000	3.4 CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	D	4.1 TITLE	Director	X Change ☐ Addition
NAME	BRAGGINS, BOB	4.2 NAME	Preuss, Daniel	
STREET ADDRESS	1979 35 AVENUE	4.3 STREET ADDRESS	936 US Highway #1	
CITY-ST-ZIP	VERO BCH, FL 00000	4.4 CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	V	5.1 TITLE	Director	X Change ☐ Addition
NAME	PARADISE, ROB	5.2 NAME	Terry, Charlotte	
STREET ADDRESS	P.O. BOX 4012 N/A	5.3 STREET ADDRESS	6140 Highway A1A North	
CITY-ST-ZIP	VERO BCH. FL 32964	5.4 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	P	6.1 TITLE	Director	X Change ☐ Addition
NAME	GARTNER, LORRY	6.2 NAME	Martin, Marie	
STREET ADDRESS	855 21ST AVENUE	6.3 STREET ADDRESS	736 Beachland Blvd	
CITY-ST-ZIP	VERO BCH. FL	6.4 CITY-ST-ZIP	Vero Beach, FL 32963	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 2/9/95 (407) 231-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0038424