

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90398 011 ****61.25

DOCUMENT # 716412 1. Entity Name INDIAN RIVER DRIVE FREEHOLDERS, INC.					
Principal Place of Business 11090 RIDGE AVE. FT PIERCE, FL 34982			Mailing Address 11090 RIDGE AVE. FT PIERCE, FL 34982		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1092159	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOLLETT, CHRISTIANE 3431 S. INDIAN RIVER DR. FORT PIERCE, FL 34982				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, C.R. 8205 S. INDIAN RIVER DR. FT. PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ashley, Robert 8201 S. Indian River Dr. Ft. Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STINETTE, KEVIN 10303 S INDIAN RIVER DR FT. PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD Ashley, Kriste 8201 S. Indian River Dr. Ft. Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLLET, CHRISTIANE 3431 S INDIAN RIVER DR FT. PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD Beekman, Stacy 8405 S. Indian River Dr. Ft. Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROL, JON 8503 S INDIAN RIVER DR FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shelton, Jack 7903 S. Indian River Dr. Ft. Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Locke, Adam 5655 S. Indian River Dr. Ft. Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hill, Kay 9205 S. Indian River Dr. Ft. Pierce, FL 34982
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Christiane R. Mollet</u> 4/27/06 772-595-3914 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Christiane R. Mollet					

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