

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716412

FILED
Apr 03, 2007
Secretary of State

Entity Name: INDIAN RIVER DRIVE FREEHOLDERS, INC.

Current Principal Place of Business:

11090 RIDGE AVE.
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

11090 RIDGE AVE.
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-1092159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLLETT, CHRISTIANE
3431 S. INDIAN RIVER DR.
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

ASHLEY, ROBERT J
8201 S. INDIAN RIVER DR.
FORT PIERCE, FL 34982 US

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: ROBERT J ASHLEY

04/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASKLEY, ROBERT
Address: 8201 SOUTH INDIAN RIVER DR
City-St-Zip: FT. PIERCE, FL 34982

Title: VD () Delete
Name: STINNETTE, KEVIN
Address: 10303 S INDIAN RIVER DR
City-St-Zip: FT. PIERCE, FL 34982

Title: PD () Delete
Name: MOLLET, CHRISTIANE
Address: 3431 S INDIAN RIVER DR
City-St-Zip: FT. PIERCE, FL 34982

Title: D () Delete
Name: CARROL, JON
Address: 8503 S INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34982

Title: CSD () Delete
Name: ASHLEY, KRISTE
Address: 8201 SOUTH INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34982

Title: RSD () Delete
Name: BECALEVA, STACY
Address: 8405 SOUTH INDIAN RIVER RD
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ASHLEY, ROBERT J
Address: 8201 SOUTH INDIAN RIVER DR
City-St-Zip: FT. PIERCE, FL 34982

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

Title: TD (X) Change () Addition
Name: SHELTON, JOHN D
Address: 7903 S INDIAN RIVER DR
City-St-Zip: FT. PIERCE, FL 34982

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J ASHLEY

PD

04/03/2007

Electronic Signature of Signing Officer or Director

Date