

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 718980

1. Entity Name
INDIAN RIVER YACHT CLUB, INC.



Principal Place of Business
PO BOX 992
ROCKLEDGE, FL 32955 US

Mailing Address
P.O. BOX 992
P.O. BOX 992
COCOA, FL 32923-7992 US



01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NEVILLE, STEVEN E.
3905 WILDPINE LANE
MERRITT ISLAND, FL 32952

**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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME TOLSON, SHARON
STREET ADDRESS 840 SANDGATE
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE T
NAME NEVILLE, STEVE E.
STREET ADDRESS 3905 WILDPINE LANE
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D
NAME TALBOT, RANDY
STREET ADDRESS 400 ARTEMIS BLVD
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE S
NAME CAPELLIN, NANCY
STREET ADDRESS 3965 S TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL

TITLE D
NAME HARRISON, EDWARD
STREET ADDRESS 2655 S. TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL

TITLE D
NAME CAPELLIN, DOR...
STREET ADDRESS 3965 S. TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL

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01/10/07-80091-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE NEVILLE

Date

1/8/07

Daytime Phone #

321
678-2390X109