


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 02 1997 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 728736 (0)
 1. Corporation Name
INDIAN RIVER SHORES RESIDENT'S ASSOCIATION, INC.



| | |
|---|--|
| Principal Place of Business P. O. BOX 8284 VERO BCH. FL 32963 | Mailing Address P. O. BOX 8284 VERO BCH. FL 32963-8284 |
|---|--|

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 02/06/1974 | 3a. Date of Last Report 06/14/1996 |
| 4. FEI Number 23-7400546 | | Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent OLIVER, WILLIAM 5601 HWY A1A, #1105 VERO BEACH FL 32963 | | 10. Name and Address of New Registered Agent 81 Name Brad Lamson 82 Street Address (P.O. Box Number is Not Acceptable) 5400 N. A1A, #G31 83 84 City Vero Beach FL 85 Zip Code 32963 | |
|---|--|---|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Brad Lamson* DATE **4/14/97**

(NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|-----------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PD | NAME OLIVER, WILLIAM | 1.1 TITLE Lamson, Brad, Pres. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 5601 HWY A1A 1105 | | 1.2 NAME | |
| CITY-ST-ZIP VERO BCH. FL | | 1.3 STREET ADDRESS 5400 N. A1A, G31 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD | NAME MACPHERSON, ROBERT | 1.4 CITY-ST-ZIP VERO BEACH, FL 32963 | |
| STREET ADDRESS 210 PARK SHORES CIRCLE | | 2.1 TITLE 1st V.P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP VERO BCH. FL | | 2.2 NAME O. Connor, Penelope | |
| TITLE VD | NAME LAMSON, BRAD | 2.3 STREET ADDRESS 131 Shores Dr. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 5400 N A1A G31 | | 2.4 CITY-ST-ZIP VERO BEACH, FL 32963 | |
| CITY-ST-ZIP VERO BCH. FL | | 3.1 TITLE 2nd V.P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE ST | NAME WALKER, HARRY | 3.2 NAME Mitchell, John | |
| STREET ADDRESS 8317 CHINABERRY LN. | | 3.3 STREET ADDRESS 220 Sandpiper Point | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP VERO BCH. FL | | 3.4 CITY-ST-ZIP VERO BEACH FL 32963 | |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| TITLE | NAME | 4.4 CITY-ST-ZIP | |
| STREET ADDRESS | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | 5.2 NAME | |
| TITLE | NAME | 5.3 STREET ADDRESS | |
| STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing 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 *Brad Lamson* DATE **4/14/97**

CR2E037 (9/96)