


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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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
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3. Date Incorporated or Qualified 02/06/1974
4. FEI Number 23-7400546
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LAMSON, BRAD 5400 N. A1A, #G31 VERO BEACH FL 32963
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10. Name and Address of New Registered Agent 81 Name Penelope O'Connor 82 Street Address (P.O. Box Number is Not Acceptable) 121 Shores Drive 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 *[Signature]* **Penelope O'Connor** **4/11/98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LAMSON, BRAD
STREET ADDRESS	5400 N. A1A, G31
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> DELETE
NAME	O'CONNOR, PENELOPE
STREET ADDRESS	121 SHORES DR.
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> DELETE
NAME	MITCHELL, JOHN
STREET ADDRESS	220 SANDPIPER POINT
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, HARRY
STREET ADDRESS	8317 CHINABERRY LN.
CITY-ST-ZIP	VERO BCH. FL
TITLE	<input type="checkbox"/> DELETE
NAME	From Secretary/Treasurer
STREET ADDRESS	Crompton, Charles
CITY-ST-ZIP	490 N. Peppertree Drive Vero Beach, FL 32963
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President D Penelope O'Connor
1.3 STREET ADDRESS	121 Shores Drive
1.4 CITY-ST-ZIP	Vero Beach FL 32963
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1st Vice Pres. D Jack Mitchell
2.3 STREET ADDRESS	220 Sandpiper Point
2.4 CITY-ST-ZIP	Vero Beach, FL 32963
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2nd Vice Pres. D Walter Zeck
3.3 STREET ADDRESS	4645 Pebble Bay South
3.4 CITY-ST-ZIP	Vero Beach, FL 32963
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary/Treasurer D Charles Crompton
4.3 STREET ADDRESS	490 N. Peppertree Drive
4.4 CITY-ST-ZIP	Vero Beach, FL 32963
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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: *[Signature]*

CR2E037 (10/97)