

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728736

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7400546

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OCONNOR, PENNLOPE
121 SHORES DR
VERO BEACH FL 32963

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME OCONNOR, PENELOPE
STREET ADDRESS 121 SHORES DRIVE
CITY-ST-ZIP VERO BCH FL 32963 *Pennelope O'Connor*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME MITCHELL, JACK
STREET ADDRESS 220 SANDPIPER PT
CITY-ST-ZIP VERO BCH FL 32963 *JACK MITCHELL*

☒ Delete

TITLE
NAME James O'Grady
STREET ADDRESS 8431 Sable Palm Court
CITY-ST-ZIP Vero Beach, FL 32963 ☐ Change ☒ Addition

TITLE VPD
NAME ZECK, WALTER
STREET ADDRESS 4645 PEBBLE BAY SOUTH
CITY-ST-ZIP VERO BCH FL 32963

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME GOETT, JAMES
STREET ADDRESS 400 BCH RD, #142
CITY-ST-ZIP VERO BCH FL 32963

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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

Date

Daytime Phone #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90116 036 ****70.00



DO NOT WRITE IN THIS SPACE