

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90399 024 ****70.00

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

OCONNOR, PENNLOPE
121 SHORES DR
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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 *Pennelope H. O'Connor*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/01

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

TITLE **PD** ☐ Delete
 NAME **OCONNOR, PENELOPE**
 STREET ADDRESS **121 SHORES DRIVE**
 CITY-ST-ZIP **VERO BCH FL 32963**

TITLE **VPD** ☐ Delete
 NAME **O' GRADY, JAMES**
 STREET ADDRESS **8431 SABLE PALM CT**
 CITY-ST-ZIP **VERO BEACH FL 32963**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 persons.

SIGNATURE: *Pennelope H. O'Connor*
 SIGNATURE REQUIRED PRESIDENT

4/28/01 561-234-1705

CR2E037 (10/00)