

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90314 048 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7400546**
65-0200528

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

O'GRADY, JAMES
8431 SABLE PALM CT
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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **O'GRADY, JAMES JR**
STREET ADDRESS **8431 SABLE PALM CT**
CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

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

TITLE **VPD** ☒ Delete
NAME **TILNEY, BARBARA**
STREET ADDRESS **5725 N AIA**
CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

TITLE **VPD** ☐ Change ☒ Addition
NAME **William McCormack**
STREET ADDRESS **5601 N. AIA**
CITY-ST-ZIP **Indian River Shores FL 32963**

TITLE **VPD** ☐ Delete
NAME **SKYLER, BOBBE**
STREET ADDRESS **560 N SUNDANCE TRAIL**
CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

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

TITLE **STD** ☐ Delete
NAME **GOETT, JAMES**
STREET ADDRESS **400 BEACH RD #142**
CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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.

SIGNATURE:

James F. O'Grady, Jr. - President
SIGNATURE REQUIRED

4/17/03

772-234-4177

CR2E037 (10/02)