

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10 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 # 734952 (5)
1. Corporation Name

THE VILLAS AT INDIAN RIVER PROPERTY OWNERS ASSOC
IATION, INC.

Principal Place of Business

Mailing Address

375 W VENETIAN CT
MERRITT ISLAND FL 32953
US

P O BOX 541118
MERRITT ISLAND FL 32954-1118
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/12/1976
3a. Date of Last Report 08/16/1996

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASSONDE, PAUL
2580 VIA VITTORIA COURT
MERRITT ISLAND FL 32953

81 Name KEVIN FARRELL
82 Street Address (P.O. Box Number is Not Acceptable)
2640 VIA SAN MARINO COURT
83
84 City MERRITT ISLAND FL 85 Zip Code 32953

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-27-97

12. OFFICERS AND DIRECTORS

TITLE P
NAME LASSONDE, PAUL
STREET ADDRESS 2580 VIA VITTORIA CT
CITY-ST-ZIP MERRITT ISLAND FL ☒ DELETE

TITLE V
NAME O'ROURKE, PATRICK
STREET ADDRESS 1883 LONGLEAF RD
CITY-ST-ZIP COCOA FL 32922 ☒ DELETE

TITLE ST
NAME GRANT, KAREN
STREET ADDRESS 375 W VENETIAN CT
CITY-ST-ZIP MERRITT ISLAND FL ☒ DELETE

TITLE D
NAME FARRELL, KEVIN
STREET ADDRESS 2640 VIA SAN MARINO CT
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ DELETE

TITLE D
NAME ROBINSON, MARGARET
STREET ADDRESS 2535 VIA VITTORIA CT
CITY-ST-ZIP MERRITT ISLAND FL ☒ DELETE

TITLE D
NAME ALLEN, JANINA
STREET ADDRESS 2585 VIA VITTORIA CT
CITY-ST-ZIP MERRITT ISLAND FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME FARRELL, KEVIN
1.3 STREET ADDRESS 2640 VIA SAN MARINO COURT
1.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME BRIAN ALLEN
2.3 STREET ADDRESS 2585 VIA VITTORIA CT
2.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME NANCY HART
3.3 STREET ADDRESS 2535 VIA MILANO
3.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME ALLEN JANINA
4.3 STREET ADDRESS 2585 VIA VITTORIA CT
4.4 CITY-ST-ZIP MERRITT ISLAND FL 32953

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME KELLY TIM
5.3 STREET ADDRESS 2510 VIA VITTORIA CT
5.4 CITY-ST-ZIP MERRITT ISLAND FL 32953

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME ROBERT AURTHUR
6.3 STREET ADDRESS 2545 VIA MILANO
6.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953

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

8-27-97 417459-5396

CR2E037 (4/97)