

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # 734952

1. Entity Name
**THE VILLAS AT INDIAN RIVER PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2585 VIA VICTORIA CT
MERRITT ISLAND, FL 32953 US**

Mailing Address
**P O BOX 541118
MERRITT ISLAND, FL 32954-1118 US**



04222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, JANINA
2585 VIA VICTORIA CT
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALLEN, BRIAN
2585 VIA VITTORIA CT
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
ALLEN, JANINA
2585 VIA VITTORIA CT
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FELLOWS, SARAH
2520 VIA VITTORIA CT.
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
PERRYMAN, DEBORAH
436 VIA VALENCIA CT
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ARTHUR, ROBERT
2545 VIA VITTORIA CT
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
THEEL, KEN
425 VIA VALENCIA CT
MERRITT ISLAND, FL 32953**

U00000534793
05/08/06-80026-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/26/06 321-459-9396