

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90358 035 ****61.25

DOCUMENT # 750703

1. Entity Name
INDIAN RIVER ESTATES ASSOCIATION, INC.



Principal Place of Business
**505 EASY ST.
FT. PIERCE, FL 34982 US**

Mailing Address
**P O BOX 12818
FORT PIERCE, FL 34979-2818 US**

4000 -



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1020114

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

**BONAN, ELIZABETH
ROYAL PALM FINANCIAL CENTER
759 S FEDERAL HWY.
STUART, FL 34994**

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

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

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 BROWN, CHARLES R
STREET ADDRESS 5206 PINETREE DR
CITY-ST-ZIP FT. PIERCE, FL 34982

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

TITLE 1VP ☐ Delete
NAME MILLER, CARL
STREET ADDRESS 605 MAGNOLIA
CITY-ST-ZIP FORT PIERCE, FL 34982

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

TITLE 2VP ☐ Delete
NAME MEYER, CARSON
STREET ADDRESS 5405 SUNSET BLVD.
CITY-ST-ZIP FT PIERCE, FL 34982

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

TITLE T ☐ Delete
NAME STICH, BRONWYN M
STREET ADDRESS 5105 SILVER OAK DR.
CITY-ST-ZIP FORT PIERCE, FL 34982

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

TITLE S ☐ Delete
NAME BUHRO, MARJORIE
STREET ADDRESS 806 HOWARD
CITY-ST-ZIP FT. PIERCE, FL 34982

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

TITLE I ☐ Delete
NAME DUPUS, ROGER
STREET ADDRESS 5604 TANGLEWOOD
CITY-ST-ZIP FT PIERCE, FL 34982

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 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: *Bronwyn Stich* **BRONWYN STICH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06 **772 4672673**

Date

Daytime Phone #