

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750703

FILED
Mar 16, 2009
Secretary of State

Entity Name: INDIAN RIVER ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

4919 PINETREE DRIVE
FT. PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 12818
FORT PIERCE, FL 349792818 US

New Mailing Address:

FEI Number: 65-1020114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 1VP () Delete
Name: MARLER, CHRIS
Address: 6100 MYRTLE DR
City-St-Zip: FT. PIERCE, FL 34982

Title: P () Delete
Name: BOLLMAN, LINDA
Address: 4919 PINETREE DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: 2VP () Delete
Name: MEYER, CARSON
Address: 5405 SUNSET BLVD.
City-St-Zip: FT PIERCE, FL 34982

Title: T () Delete
Name: DYER, JANET
Address: 5607 SPRUCE DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: S () Delete
Name: DWYER, KATHY
Address: 5603 CASSIA DRIVE
City-St-Zip: FT. PIERCE, FL 34982

Title: D () Delete
Name: DUPUIS, ROGER
Address: 5604 TANGELO DRIVE
City-St-Zip: FT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VP (X) Change () Addition
Name: SAIA, DEVON
Address: 5809 TANGELO DR
City-St-Zip: FT. PIERCE, FL 34982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: DEANS, BEVERLEE
Address: 5914 SILVER OAK DRIVE
City-St-Zip: FT PIERCE, FL 34982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN T. DWYER

SEC

03/16/2009

Electronic Signature of Signing Officer or Director

Date