

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 PM 12:47

DOCUMENT # N01000001207

1. Entity Name
INDIAN RIVER COURTS PROPERTY OWNERS'
ASSOCIATION, INC.



Principal Place of Business
848 BRICKELL AVENUE, SUITE 810
MIAMI, FL 33131

Mailing Address
848 BRICKELL AVENUE, SUITE 810
MIAMI, FL 33131



04202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2103910

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W
756 BEACHLAND BLVD
VERO BEACH, FL 32963

**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 PD
NAME DAGOSTINO, FRANCO
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 810
CITY-ST-ZIP MIAMI, FL 33131

TITLE DS
NAME LAMAR, LUIS
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 810
CITY-ST-ZIP MIAMI, FL 33131

TITLE T
NAME SUAREZ, JESSICA
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 810
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/21/06

Date

305 377 8333

Daytime Phone #

4/24