

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01714

FILED
Mar 20, 2009
Secretary of State

Entity Name: SECOND INDIAN RIVER ISLES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6241 HALYARD COURT
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

6241 HALYARD COURT
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-2936279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, FRANCIS
6939 WICKHAM RD
MELBOURNE, FL 32940 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: DS () Delete
Name: MCELROY, OWEN
Address: 6224 HALYARD COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: BROWN, JEANNE
Address: 6216 HALYARD CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: DV () Delete
Name: JOHNSON, NANCY
Address: 6222 HALYARD CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: DP () Delete
Name: BRYN, DIANE
Address: 6234 HALYARD CRT.
City-St-Zip: ROCKLEDGE, FL 32955

Title: DT (X) Delete
Name: RINGSMITH, JULIA
Address: 6245 CAPSTAN COURT
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRYN, DIANE
Address: 6234 HALYARD COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD (X) Change () Addition
Name: JOHNSON, NANCY
Address: 6222 HALYARD CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: SECD (X) Change () Addition
Name: NORRIS, JANE
Address: 6240 HALYARD CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: TRD (X) Change () Addition
Name: RINGSMITH, JULIA
Address: 6245 CAPASTAN CRT.
City-St-Zip: ROCKLEDGE, FL 32955

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: DIANE BRYN

Electronic Signature of Signing Officer or Director

PD

03/20/2009

Date