

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01714

FILED  
Feb 22, 2011  
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: PD  
Name: LOTANE, TROY  
Address: 6240 CAPSTAN CT  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD  
Name: NORRIS, JANE  
Address: 6240 HALYARD CT  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SECD  
Name: BARNHART, RUTH  
Address: 6250 CAPSTAN CT  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TRD  
Name: BURNETT, BERNARD  
Address: 6232 CAPASTAN CRT.  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

SIGNATURE: TROY R. LOTANE

PD

02/22/2011

Electronic Signature of Signing Officer or Director

Date