2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007031

FILED Oct 16, 2006 Secretary of State

Entity Name: INDIAN RIVER ACRES HOMEOWNERS ASSOCIATION, INC.	
Current Principal Place of Business:	New Principal Place of Business:
7150 20TH STREET SUITE D VERO BEACH, FL 32966	1425 23RD AVE S.W. VERO BEACH, FL 32962
Current Mailing Address:	New Mailing Address:
7150 20TH STREET SUITE D VERO BEACH, FL 32966	1425 23RD AVE S.W. VERO BEACH, FL 32962
FEI Number: 20-0197843 FEI Number Applied For () FEI Nu	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
JENKINS, BRIAN 7150 20TH STREET SUITE D VERO BEACH, FL 32966 US The above named entity submits this statement for the purpose of	STASZEWSKI, MICHAEL 1425 23RD AVE. S.W. VERO BEACH, FL 32962 US
The above named entity submits this statement for the purpose on the State of Florida.	or changing its registered office of registered agent, or both,
SIGNATURE: MICHAEL STASZEWSKI	10/16/2006
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PD () Delete Name: JENKINS, BRIAN Address: 7150 20TH STREET #D City-St-Zip: VERO BEACH, FL 32966	Title: () Change () Addition Name: Address: City-St-Zip:
Title: VD () Delete Name: STASZEWSKI, MICHAEL Address: 1425 23RD AVENUE SW City-St-Zip: VERO BEACH, FL 32962	Title: () Change () Addition Name: Address: City-St-Zip:
Title: STD () Delete Name: DELISLE, DANNY Address: POST OFFICE BOX 2202 City-St-Zip: VERO BEACH, FL 32961	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL STASZEWKI VD 10/16/2006