## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000000791

FILED Apr 30, 2009 Secretary of State

Entity Name: INDIAN RIVER NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 695 43RD AVE VERO BEACH, FL 32968 US **Current Mailing Address: New Mailing Address:** P.O. BOX 643868 VERO BEACH, FL 32964 US FEI Number: 20-2631557 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUFFE, ADRIENE 695 43RD AVE VERO BEACH, FL 32968 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DC () Delete (X) Change ( ) Addition HIGGS, JIHN HIGGS, JOHN Name: Name: 45 WAXMYRTLE WAY Address: 45 WAXMYRTLE WAY Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963 Title: () Delete Title: DCFO (X) Change ( ) Addition PICKETT, ROBERT Name: JOHN, ADOURIAN Name: Address: 111 RIVER OAK DR Address: 276 ISLAND CREEK DR. City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963 Title: DS () Delete Title: () Change () Addition BLYNN, HARRY Name: Name: 1971 CLUB DRIVE Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: DT ( ) Delete Title: () Change () Addition Name: STEWART, NORMAN Name: 971 PAINTED BUNTING LANE Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: DV DV () Delete Title: (X) Change ( ) Addition BEADLE, GRANT Name: Name: BEADLE, GRANT 985 RIOMAT DR 985 RIOMAR DR Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963 Title: () Delete Title: () Change () Addition BEATH, HUGH Name: Name: Address: 986 RIOMAR DR Address: VERO BEACH, FL 32963 City-St-Zip: 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: NORMAN STEWART DT 04/30/2009