

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90069 011 ****61.25

DOCUMENT # N04000006842

1. Entity Name
INDIAN RIVER PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**701 N INDIAN RIVER DR
MGMT OFFICE UNIT 6
FT PIERCE, FL 34950**

Mailing Address
**701 N INDIAN RIVER DR
MGMT OFFICE UNIT 6
FT PIERCE, FL 34950**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1941936

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENDAHL, DAVID
4400 NW 48TH CT
TAMARAC, FL 33319**

*Colleen Barnes
6908 Bronte C.
Pt. St. Lucie, FL
34952*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **P ROSENDAHL, DAVID**
STREET ADDRESS **4400 NW 48TH CT**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☒ Addition
NAME *Colleen Barnes*
STREET ADDRESS *6908 Bronte C.*
CITY-ST-ZIP *Pt. St. Lucie, FL 34952*

TITLE ☐ Delete
NAME **JANKOSKI, AGNES**
STREET ADDRESS **701 N INDIAN RIVER DR., UNIT 105**
CITY-ST-ZIP **FORT PIERCE, FL 34950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SEC BIGLIN, JUDY**
STREET ADDRESS **3950 SUNRISE BLVD**
CITY-ST-ZIP **FT PIERCE, FL 34982**

TITLE ☐ Change ☒ Addition
NAME *Beth Childs*
STREET ADDRESS *2715 S Indian River Dr.*
CITY-ST-ZIP *St. Pierce, FL 34950*

TITLE ☒ Delete
NAME **VP PHILIP, ANTICO**
STREET ADDRESS **1301 WHITE OAK LANE**
CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE ☐ Change ☒ Addition
NAME *Michael Brodzicki*
STREET ADDRESS *1127 Granada St*
CITY-ST-ZIP *FL Pierce FL 34949*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Colleen Barnes President

4/30/07

585-5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #