

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001428

FILED
Feb 27, 2006
Secretary of State

Entity Name: EMERALD COVE PROPERTY OWNERS' ASSOCIATION, INDIAN RIVER SHORES, INC.

Current Principal Place of Business:

2801 OCEAN DRIVE SUITE 204
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

2801 OCEAN DRIVE SUITE 204
VERO BEACH, FL 32963

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGAL, BARRY G
2801 OCEAN DRIVE SUITE 204
VERO BEACH, FL 32963 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: DPS () Delete
Name: GRINSTEAD, DALE E
Address: 2801 OCEAN DRIVE SUITE 204
City-St-Zip: VERO BEACH, FL 32963

Title: DVPT () Delete
Name: GRINSTEAD, JANET
Address: 2801 OCEAN DRIVE SUITE 204
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: SEGAL, BARRY G
Address: 2801 OCEAN DRIVE SUITE 204
City-St-Zip: VERO BEACH, FL 32963

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BISHOP, DAVID A
Address: 2801 OCEAN DRIVE SUITE 200
City-St-Zip: VERO BEACH, FL 32963

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: DAVID BISHOP

D

02/27/2006

Electronic Signature of Signing Officer or Director

Date