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Secretary of State

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FROM
CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N 05559 00**
 1. Corporation Name
INDIAN RIVER MANOR HOMEOWNERS ASSOCIATION INC.

Principal Place of Business Mailing Address
P.O. Box 6829
TITUSVILLE, FL. 32782

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. JEFFREY B. GREENE	2b. P.O. Box 6829	59-1496699	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. City & State TITUSVILLE	28. City & State FLORIDA	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 32782	29. Zip 32782	30. Country	8. This corporation owes the current year Intangible Personal Property Tax.
			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERT E. HOWARD 5497 FLINT ROAD 5497 FLINT ROAD COCOA, FL 32927	81. Name JEFFREY B. GREENE 82. Street Address (P.O. Box Number is Not Acceptable) 1011 INDIAN RIVER AVE 83. PROBEN 1829 32780 84. City TITUSVILLE FL 85. Zip Code 32780

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **JEFFREY B. GREENE** *Jeffrey B. Greene* DATE **2/28/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	D/P
NAME	ROBERT E. HOWARD	1.2 NAME	JEFFREY B. GREENE
STREET ADDRESS	3169 FINSTERWALD DRIVE	1.3 STREET ADDRESS	P.O. BOX 6829
CITY-ST-ZIP	TITUSVILLE FL.	1.4 CITY-ST-ZIP	TITUSVILLE FL. 32782
TITLE	VICE PRESIDENT	2.1 TITLE	V.P.
NAME	MARIE A. HOWARD	2.2 NAME	RACHEL M. GREENE
STREET ADDRESS	3169 FINSTERWALD DRIVE	2.3 STREET ADDRESS	P.O. BOX 6829
CITY-ST-ZIP	TITUSVILLE FL.	2.4 CITY-ST-ZIP	TITUSVILLE FL. 32782
TITLE	DIRECTOR	3.1 TITLE	D/T
NAME	W.E. HOWARD	3.2 NAME	CHARLIE J. GREENE
STREET ADDRESS	3169 FINSTERWALD DRIVE	3.3 STREET ADDRESS	P.O. BOX 6829
CITY-ST-ZIP	TITUSVILLE, FL.	3.4 CITY-ST-ZIP	TITUSVILLE, FL. 32782
TITLE	DIRECTOR	4.1 TITLE	D/
NAME	MARIA A. HOWARD	4.2 NAME	JORDAN B. GREENE
STREET ADDRESS	3169 FINSTERWALD DRIVE	4.3 STREET ADDRESS	P.O. BOX 6829
CITY-ST-ZIP	TITUSVILLE, FL.	4.4 CITY-ST-ZIP	TITUSVILLE, FL. 32782
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey B. Greene* DATE **2/28/99** 407-268-5546

CR2E034 (1/198)