

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90082 022 ****61.25

DOCUMENT # N05559

1. Entity Name

INDIAN RIVER MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 6829
 TITUSVILLE FL 32782
 US

PO BOX 6829
 TITUSVILLE FL 32782-6829
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1496699

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, JEFFREY B
1011 INDIAN RIVER AVE
TITUSVILLE FL 32780

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.

SIGNATURE

Jeffrey B. Greene
 Signature (typed or printed name of registered agent and title if applicable)

JEFFREY B. GREENE
 (NOTE: Registered Agent signature required when reinstating)

1/3/2000
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENE, JEFFREY B	
STREET ADDRESS	PO BOX 6829	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREENE, RACHEL M	
STREET ADDRESS	PO BOX 6829	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD ⁵²	<input type="checkbox"/> Delete
NAME	GREEN, CHASE J	
STREET ADDRESS	PO BOX 6829	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, JORDAN B	
STREET ADDRESS	PO BOX 6829	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME	TITUSVILLE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE J. GREENE	
STREET ADDRESS	P.O. BOX 6829	
CITY-ST-ZIP	TITUSVILLE FL.	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN B. GREENE	
STREET ADDRESS	P.O. BOX 6829	
CITY-ST-ZIP	TITUSVILLE, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Jeffrey B. Greene
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/00

Daytime Phone #

(321) 268-5546

CR2E037 (9/99)