

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010528

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** INDIAN RIVER CIVIC ASSOCIATION INC.

**Current Principal Place of Business:**

2603 KELLY DRIVE  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 702044  
WABASSO, FL 32970

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ORIO, JOSEPH C  
10500 W LAKEVIEW DR  
SEBASTIAN, FL 32958 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: P-D  
Name: CARECCIA, JOSEPH  
Address: 2603 KELLY DRIVE  
City-St-Zip: SEBASTIAN, FL 32958

Title: VP  
Name: AVERSA, ANTHONY  
Address: 845 17 LANE SW  
City-St-Zip: VERO BEACH, FL 32967

Title: SEC  
Name: FOLEY, CYNTHIA  
Address: 640 SARINA TERRACE SW  
City-St-Zip: VERO BEACH, FL 32968

Title: T  
Name: ORIO, JOSEPH C  
Address: 1050 W. LAKEVIEW DR  
City-St-Zip: SEBASTIAN, FL 32958

Title: D  
Name: ABBATE, ROCCO  
Address: 895 SARINA TERRACE SW  
City-St-Zip: VERO BEACH, FL 32968

Title: D  
Name: ANDERSON, ROBERT L  
Address: 5845 23RD STREET  
City-St-Zip: VERO BEACH, FL 32966

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH C ORIO

TR

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date