

FILED
Jan 24, 2008 8:00 am
Secretary of State

40009344

DOCUMENT # N13487		01-24-2008 90035 003 ****70.00	
1. Entity Name INDIAN RIVER COLONY CLUB, INCORPORATED			
Principal Place of Business 1936 FREEDOM DRIVE MELBOURNE, FL 32940		Mailing Address 1936 FREEDOM DRIVE MELBOURNE, FL 32940	
2. Principal Place of Business - No P.O. Box # 1936 Freedom Drive		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State	
Zip 32940		Country USA	
6. Name and Address of Current Registered Agent WAYBRIGHT, CYNTHIA A 1936 FREEDOM DRIVE MELBOURNE, FL 32940		7. Name and Address of New Registered Agent 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: Cynthia A. Waybright - Secretary/Treasurer 1/8/08 Signature, typed or printed name of registered agent or trustee if applicable (NOTE: Registered Agent's signature required when resigning) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D PAPRITAN, JAMES 1905 INDEPENDENCE AVE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director W. Bradley Switzer 1311 Continental Avenue Melbourne, FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIESTAND, WILLIAM C 1863 INDEPENDENCE AVE MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, CYNTHIA 1749 FREEDOM DR MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WAYBRIGHT, CYNTHIA A 1936 FREEDOM DRIVE MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOHN K 1936 FREEDOM DRIVE MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NOVOTNY, JOHN L 1532 INDEPENDENCE AVE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Cecil Robinson 1459 Goldnash Avenue Melbourne, FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Cynthia A. Waybright		1/8/08 321-255-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

40009324

#N13487

Additional Directors to Add to 2008 Report:

Director
Seymour R. Brown
1344 Continental Avenue
Melbourne, FL 32940

Director
Nancy H. Carroll
1272 Continental Avenue
Melbourne, FL 32940

Director
Thomas J. Walters
1522 Frontier Drive
Melbourne, FL 32940