2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13487

FILED Jan 26, 2009 Secretary of State

Entity Name: INDIAN RIVER COLONY CLUB, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1936 FREEDOM DRIVE MELBOURNE, FL 32940 **Current Mailing Address: New Mailing Address:** 1936 FREEDOM DRIVE MELBOURNE, FL 32940 FEI Number: 59-2652580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAYBRIGHT, CYNTHIA A ROBERTS, JULIE A 1936 FREEDÓM DRIVE 1936 FREÉDOM DRIVE US MELBOURNE, FL 32940 US MELBOURNE, FL 32940 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: JULIE ROBERTS 01/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SWITZER, W. BRADLEY Name: Name: 1311 CONTINETNAL AVE Address: Address: MELBOURNE, FL 32940 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition HIESTAND, WILLIAM C Name: HIESTAND, WILLIAM C Name: Address: 1863 INDEPENDENCE AVE Address: 1863 INDEPENDENCE AVE City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940 Title: () Delete Title: (X) Change () Addition MORGAN, CYNTHIA CARROLL, NANCY Name: Name: 1749 FREEDOM DR Address: Address: 1272 CONTINENTAL AVE City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940 Title: ST () Delete Title: ST (X) Change () Addition ROBERTS, JULIE A Name: WAYBRIGHT, CYNTHIA A Name: 1936 FREEDOM DRIVE Address: Address: 1936 FREEDOM DRIVE City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940 Title: Title: () Delete () Change () Addition ROBINSON, JOHN K Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JULIE ROBERTS ST 01/26/2009

1936 FREEDOM DRIVE

MELBOURNE, FL 32940

ROBINSON, CECIL

1459 GOLDRUSH AVE

MELBOURNE, FL 32940

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

(X) Change () Addition

WALTERS, TOM

1522 FRONTIER DRIVE

MELBOURNE, FL 32940