

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N26215 (6)**

1. Corporation Name

**INDIAN RIVER LAND TRUST, INC.**

Principal Place of Business

**4871 N. A1A  
VERO BEACH FL 32963**

Mailing Address

**4871 N. A1A  
VERO BEACH FL 32963-1279**3. Date Incorporated or Qualified  
**05/02/1988**3a. Date of Last Report  
**02/12/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

27

Zip

Country

28

29

30

4. FEI Number

**65-0059649**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution☐ **\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROSSWAY, BRADLEY W.  
744 BEACHLAND BLVD. (ZIP 32963)  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASARES, MANUEL	
STREET ADDRESS	1480 WYN COVE DR.	
CITY-ST-ZIP	VERO BEACH FL 32963	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHILLIPS SUZAN	
STREET ADDRESS	600 FLAMEVINE	
CITY-ST-ZIP	VERO BEACH FL 32963	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAEGER, JAMES S.	
STREET ADDRESS	1865 GARDEN GROVE PKWY.	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, JEAN, A	
STREET ADDRESS	32 VISTA GARDEN TRAIL APT 107	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORTENSEN, DAN S.	
STREET ADDRESS	914 LADY BUG LANE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, SUSAN	
STREET ADDRESS	3602 EAGLE DR	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres (PD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Clarke B. Ash	
1.3 STREET ADDRESS	921 Greenway Ln.	
1.4 CITY-ST-ZIP	VERO Bch FL 32963	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	Sec. (SD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Eric Gillick	
4.3 STREET ADDRESS	3055 Cardinal Dr.	
4.4 CITY-ST-ZIP	VERO BEACH FL 32963	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97

Date

Daytime Phone # 0020816

CR2E037 (9/96)