## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N26215**

INDIAN RIVER LAND TRUST, INC.

| Prir | ncip | al Pla | ce o | of Busi | nes |
|------|------|--------|------|---------|-----|
| 350  | US   | HWY    | 1    |         |     |
| uro  | ~ -  | CACL   |      | 22002   |     |

Mailing Address

350 US HWY 1

## **FILED** Mar 02, 1999 8:00 am § Secretary of State

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| VERO BEACH FL 32962            | vero beach FL 32962 |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 05/02/1988                                      |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number Applied For   |
| 22                             | 27                  | 65-0059649 Not Applicable   |
| City & State                   | City & State        | 5. Certificate of Status Desired   \$8.75 Additional Fee Required                 |
| Zip Country 24 25              | Zip Country         | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees |
| 9. Name and Address of Cur     |                     | 10. Name and Address of New Registered Agent                                      |

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

| 81 | Name   |
|----|--|
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City 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      |  |            |                             |   |                   |            |            |
|----------------|--|------------|-----------------------------|---|-------------------|------------|------------|
| S.GHATIORE.    | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Reg | gistered Agent signature re |   | DATE              | 3 DIDECTOR | C IAI 42   |
| 12.            | OFFICERS AND DIRECTORS   |            | 13.                         | ADDITIONS/CHANG   | ES TO OFFICERS AN |            |            |
| TITLE          | PD   | DELETE     | 1.1 TITLE                   | •   |                   | ☐ Change   | Addition   |
| NAME           | ASH, CLARK B   |            | 1.2 NAME                    |   | •                 |            |            |
| STREET ADDRESS | · · · · · · · · · · · · · · · · ·  | 1          | 1.3 STREET ADDRESS          |   | •                 |            |            |
| CITY-ST-ZIP    | VERO BEACH FL 32963  |            | 1.4 CITY-ST-ZIP             | 7 1-10  | <del></del>       | TT A       | C Addition |
| TITLE          | VD   | DELETE     | 2.1 TITLE                   | President (Y  | <b>)</b> .        | Change     | ☐ Addition |
| NAME           | BENEDICT, PETER  |            | 2.2 NAME                    | ,   | ,                 |            |            |
| STREET ADDRESS | 607 LANTANA LANE   | 1          | 2.3 STREET ADDRESS          | •   | ÷                 |            |            |
| CITY-ST-ZIP    | VERO BEACH FL 32963  |            | 2.4 CITY-ST-ZIP             |   |                   |            | A J Post   |
| TITLE          | SD   | DELETE     | 3.1 TITLE                   |   |                   | Change     | Addition   |
| NAME           | GILLICK, ELIZ  | i          | 3.2 NAME                    |   |                   |            | ,          |
| STREET ADDRESS | 3055 CARDINAL DR   |            | 3.3 STREET ADDRESS          |   |                   |            |            |
| CITY-ST-ZIP    | VERO BEACH FL 32963  |            | 3.4. CITY-ST-ZIP            |   |                   |            |            |
| TITLE          | TD   | DELETE     | 4.1 TITLE                   |   |                   | Change     | Addition   |
| NAME           | SMITH, SUSAN   |            | 4. 2 NAME                   |   | •                 |            |            |
| STREET ADDRESS | 3602 EAGLE DR  |            | 4.3 STREET ADDRESS          |   |                   | į          | . ,        |
| CITY-ST-ZIP    | VERO BEACH FL 32963  |            | 4.4 CITY-ST-ZIP             |   | <del></del>       |            |            |
| TILE           |  | DELETE     | 5.1 TITLE                   | Vice Presiden   | 7(VY)             | ☐ Change   | Addition   |
| NAME           |  |            | 5.2 NAME                    | JIII pares  | Dave              |            |            |
| STREET ADDRESS |  | Ì          | 5.3 STREET ADDRESS          | Vice President<br>Jill Kaneb<br>300 Sea Oak<br>Vero Beach |                   | 7          |            |
| CITY-ST-ZIP    |  |            | 5.4 CITY-ST-ZIP             | Vers Beach  | 12 3296           | <u>ی م</u> |            |
| TITLE          | ,  | ] DELETE   | 6.1 IIILE                   |   |                   | Change     | Addition   |
| NAME           |  |            | 6.2 NAME                    |   |                   |            |            |
| STREET ADDRESS |  |            | 6.3 STREET ADDRESS          |   |                   |            |            |
| APT / ST 710   |  | 1          | 64 CITY-ST-ZIP              |   |                   |            |            |

14. 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 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, with all other like empowered.

SIGNATURE: