

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90034 037 \*\*\*\*61.25

**DOCUMENT # N26215**

1. Entity Name  
**INDIAN RIVER LAND TRUST, INC.**



Principal Place of Business  
**350 US HWY 1  
 VERO BEACH, FL 32962**

Mailing Address  
**350 US HWY 1  
 VERO BEACH, FL 32962**

2. Principal Place of Business - No P.O. Box #  
**1904 12th Court**

3. Mailing Address  
**1904 12th Court**

Suite, Apt. #, etc.

City & State  
**Vero Beach FL**

City & State  
**Vero Beach FL**

Zip  
**32960** Country  
**USA**

Zip  
**32960** Country  
**USA**

6. Name and Address of Current Registered Agent

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



07092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0059649**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

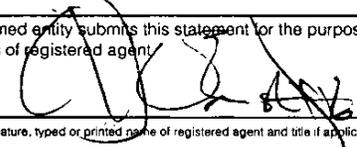
7. Name and Address of New Registered Agent

Name **Michael O'Haire, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**3111 Cardinal Drive**

City **Vero Beach FL** Zip Code **32960**

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  **8.21.07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>VP PD KANE, JILL 111 STINGAREE POINT VERO BEACH, FL 32963</b> <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	<b>PD LOWE, THOMAS P DR. P.O. BOX 25 WABASSO, FL 32970</b> <input checked="" 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	<b>SD PAULL, RICHARD W 200 GREYTWIG, APT. 112 VERO BEACH, FL 32963</b> <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	<b>TD RIEFLER, DONALD 512 BAY DRIVE VERO BEACH, FL 32963</b> <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	<b>D ABELL, KAREN 909 SEAGRAPE LANE VERO BEACH, FL 32963</b> <input checked="" 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	<b>D BRECKER, RICHARD 500 BEACH ROAD, APT. 111 VERO BEACH, FL 32963</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  **8.1.07**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #