

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N28326**

1. Entity Name

**INDIAN RIVER WAREHOUSE CONDOMINIUM ASSOCIATION,
INC.**

Principal Place of Business

Mailing Address

637 2ND LANE
E
VERO BEACH FL 32962
US637 2ND LANE
E
VERO BEACH FL 32962
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1799587

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RYDEEN, LOIS M.
307 BANYAN WAY
MELBOURNE BEACH FL 32951

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RYDEEN, DONALD C.	
STREET ADDRESS	307 BANYAN WAY	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GROVE, TYLER	
STREET ADDRESS	1330 LITTLE HARBOR DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RYDEEN, LOIS M.	
STREET ADDRESS	307 BANYAN WAY	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 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:

Lois M. Rydeen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STD- 4-4-02

Date

561-569-2181

Daytime Phone #

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90031 003 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)