


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90037 036 *****61.25

DOCUMENT # N28326 1. Entity Name INDIAN RIVER WAREHOUSE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 637 2ND LANE UNIT F VERO BEACH, FL 32962 US	Mailing Address 637 2ND LANE UNIT F VERO BEACH, FL 32962 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GROVE, TYLER 637 SECOND LN UNIT A VERO BEACH, FL 32962		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROVE, TYLER 1330 LITTLE HARBOR DR VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, RON 637 SECOND LN UNIT B VERO BEACH, FL 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORTEGA-COWAN, ROMAN 637 SECOND LN UNIT F VERO BEACH, FL 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR</small> 3.5.08 772-559-9159 <small>Date Daytime Phone</small>		