


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90012 030 ****61.25

DOCUMENT # N37057 1. Entity Name INDIAN RIVER ESTATES RESIDENTS' ASSOCIATION, INC.					
Principal Place of Business C/O GEORGE A. GLENN, ESQ. 7555 20TH STREET VERO BEACH, FL 32966			Mailing Address C/O GEORGE A. GLENN, ESQ. 7555 20TH STREET VERO BEACH, FL 32966		
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 65-0213189				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, BRUCE 2300 INDIAN CREEK BLVD W APT C123 VERO BEACH, FL 32966			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P BROWN, BRUCE 2300 INDIAN CREEK BLVD E, APT B210 VERO BEACH, FL 32966	<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	S HOLT, ANN C 2400 INDIAN CREEK BLVD W # E213 VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEAH HERRITY 2300 INDIAN CREEK BLVD W APT C204 VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAVEKOTTE, ROBERT O 2300 INDIAN CREEK BLVD E, APT C212 VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GERRY REXTER 2300 INDIAN CREEK BLVD W, E316 VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LARSON, THEODORE 2350 INDIAN CREEK BLVD W # D120 VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LOUIS BUCK 2300 INDIAN CREEK BLVD W, C320 VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT RESTER, GERRY 2300 INDIAN CREEK BLVD E, APT E316 VERO BEACH, FL 32966	<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	<input 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: <u>BRUCE W. BROWN PRES.</u> 2/10/06 972-562-9490 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					