

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90040 013 \*\*\*\*61.25

<b>DOCUMENT # N37057</b> 1. Entity Name <b>INDIAN RIVER ESTATES RESIDENTS' ASSOCIATION, INC.</b>					
Principal Place of Business: <b>C/O GEORGE A. GLENN, ESQ. 7555 20TH STREET VERO BEACH, FL 32966</b> Mailing Address: <b>C/O GEORGE A. GLENN, ESQ. 7555 20TH STREET VERO BEACH, FL 32966</b>					
2. Principal Place of Business - No P.O. Box # <b>2400 Indian Creek Blvd. W.</b>		3. Mailing Address <b>← SAME</b>		02112008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. <b>Apt E-316</b>		Suite, Apt. #, etc.		4. FEI Number <b>65-0213189</b>	
City & State <b>Vero Beach, FL</b>		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32966</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BROWN, BRUCE 2300 INDIAN CREEK BLVD W APT C128 VERO BEACH, FL 32966</b> <b>Louis E. Buck 2300 Indian Crk. Blvd. W Apt C-320 Vero Beach, FL 32966</b>				7. Name and Address of New Registered Agent Name: <b>Gerald F. Rester</b> Street Address (P.O. Box Number is Not Acceptable): <b>2400 Indian Creek Blvd. W. Apt. E-316</b> City: <b>Vero Beach</b> FL Zip Code: <b>32966</b>	
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: <u>Gerald F. Rester</u> <u>Gerald F. Rester</u> <u>Feb. 14, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESTER, Gerald F. 2400 INDIAN CREEK BLVD W, APT E-316 VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRITY, LEAH 2300 INDIAN CRK BLVD, W APT C204 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	R RESTER, GERRY 2300 INDIAN CRK BLVD, W E 316 VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete (SEE-P) NEW	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INGE GUTTMAN 2100 INDIAN CREEK BLVD. E. APT A-310 VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUCK, LOUIS 2300 INDIAN CRK BLVD, W C320 VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MADELYN SCHULTZ 2100 INDIAN CREEK BLVD E. APT A-22A VERO BEACH, FL	<input checked="" 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
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>Gerald F. Rester</u> <u>GERALD F. RESTER</u> <u>FEB. 14, 2008</u> <u>(772) 567-1345</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					