

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002682

1. Entity Name
**NORTH BEACH CIVIC ASSOCIATION OF INDIAN RIVER
COUNTY, INC.**



Principal Place of Business
**1802 BAREFOOT PLACE EAST
VERO BEACH, FL 32963-4548**

Mailing Address
**P.O. BOX 700969
WABASSO, FL 32970-0969 US**



04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 59-3206463 | 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

**GLYNN, WILLIAM G
1802 BAREFOOT PLACE EAST
VERO BCH, FL 32963**

**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 _____

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000310474

04/18/05-80006-007 61.25

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S GLYNN, JERI L 1802 BAREFOOT PLACE EAST VERO BEACH, FL 32963 |
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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD KENWORTHY, JANYNE 1820 PEBBLE PATH VERO BEACH, FL 32963 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GLYNN, WILLIAM G 1802 BAREFOOT PLACE EAST VERO BEACH, FL 32963 |
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IN THIS SPACE**

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 employment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/13/05**
772-388-0034