

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90036 002 ****61.25

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 US**

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



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3206463	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

2/15/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	GLYNN, JERI L
STREET ADDRESS	1802 BAREFOOT PLACE EAST
CITY-ST-ZIP	VERO BEACH, FL 329634548

TITLE	TD
NAME	KENWORTHY, JANYNE
STREET ADDRESS	1820 PEBBLE PATH
CITY-ST-ZIP	VERO BEACH, FL 32963

TITLE	PD
NAME	GLYNN, WILLIAM G
STREET ADDRESS	1802 BAREFOOT PLACE EAST
CITY-ST-ZIP	VERO BEACH, FL 32963

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Janne Kenworthy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/07

Daytime Phone #

772-388-8901