

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002790

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** INDIAN RIVER COLONY CLUB FOUNDATION, INC.

**Current Principal Place of Business:**

1936 FREEDOM DR  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

1936 FREEDOM DR  
MELBOURNE, FL 32940 US

**New Mailing Address:**

**FEI Number:** 59-3550026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, JULIE  
1936 FREEDOM DR  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TROGDON, FLOYD H  
Address: 1596 PIONEER DR  
City-St-Zip: MELBOURNE, FL 32940

Title: ST  
Name: ROBERTS, JULIE  
Address: 1936 FREEDOM DR  
City-St-Zip: MELBOURNE, FL 32940

Title: PD  
Name: LONG, HOMER  
Address: 1536 TIPPICANOE CT.  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: RIEDEL, BILL  
Address: 1682 FRONTIER DR  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: MASTERSON, MARY  
Address: 1936 FREEDOM DR  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: ANDERSON, THURMAN  
Address: 1355 DEMOCRACY AVE  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE A. ROBERTS

ST

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date