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FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000053214 (0)

1. Corporation Name

PLACIDA INDIAN RIVER, INC.



Principal Place of Business

Mailing Address

5370 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

5370 GULF OF MEXICO DR
LONGBOAT KEY FL 34228-2047

3. Date Incorporated or Qualified

07/19/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0505422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, ELIZABETH A
2940 SOUTH TAMiami TRAIL
SUITE 4500
LONGBOAT KEY FL 34239

81. Name

ELIZABETH A. COLEMAN

82. Street Address (P.O. Box Number is Not Acceptable)

5370 Gulf of Mexico Drive

83.

84. City

Longboat Key,

FL

85. Zip Code

34228

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

COLEMAN, ELIZABETH A

STREET ADDRESS

5370 GULF OF MEXICO DR

CITY - ST - ZIP

LONGBOAT KEY FL 34228

1.1 TITLE

PSTD

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

ASSISTANT SECRETARY

☐ Change

☒ Addition

2.2 NAME

SHARON A. SHACKLETT

2.3 STREET ADDRESS

5370 Gulf of Mexico Dr.

2.4 CITY - ST - ZIP

Longboat Key,

FL

34228

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

000002154510

-04/25/97--01006--032

***165.00

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth A. Coleman

Elizabeth A. Coleman

4/15/97 383-6424

(941)

Date

Daytime Phone #

CR2E034 (9/96)