

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90029 039 ***150.00

DOCUMENT # P96000034858

1. Entity Name

THE ESTUARY OF INDIAN RIVER, INC.



Principal Place of Business

105 RIVERMIST WAY
VERO BEACH, FL 32963

Mailing Address

105 RIVERMIST WAY
VERO BEACH, FL 32963



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0660258

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FENNELL, TODD W ESQ.
979 BEACHLAND BLVD.
VERO BEACH, 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DOERR, ROGER C
STREET ADDRESS 1261 INDIAN MOUND TRAIL
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE SD
NAME HAZEL, DOUGLAS E
STREET ADDRESS 4525 DUBOIS CREEK LANE
CITY-ST-ZIP WASHINGTON, MO 63090

TITLE TD
NAME HAZEL, KAY
STREET ADDRESS 210 LAKEVIEW WAY
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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 607, 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: ROGER C. DOERR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06

Date

772-234-4500

Daytime Phone #