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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # OO

	MENT # S3445 3			`		
1. Corporation	OPERTY MANAGEMENT OF	INDIAN RIVER, INC.				
DLLL 111	OI LITT MANAGEMENT OF	HIDDAY THELIT INC.		I PROFESION HOR BUTCH DIRECT BUILD HIND HIND		DI
Principal Place	of Business	Mailing Address		I 38413810 100 (11)) Graft Arbat Gride itst dien		011 4 4861 1481
526 EUGENIA R	OAD	POST OFFICE BOX 4198				
VERO BEACH FL 32963		VERO BEACH FL 32964		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed		
				02/25/1991		
Principal Place of Business 2a		2a. Mailing Address		4. FEI Number	Арр	lied For
21 4832 S. Newport Island Dr		26		65-0246180		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State		City & State		6. Election Campaign Financing	\$5.00	
City & State 23 Vero Beach FL		28		Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year Ir		
24 3296	7 25 Irdian River	29 30	0	Personal Property Tax.	73	□No
	9. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered	Agent	
u m	CON DODOTHY A		81 Name Mich	nel J Garavaglia		
HUDSON, DOROTHY A. 2125 WINDWARD WAY			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
STE 200		83	Beachland Blvd			
VERO BEACH FL 32963			63			
	<i>y y y y y y y y y y</i>		84 City Ver	ro Beach Fl	85 Zip C 329	
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.				
office or n	egistered agent or both, in the State of	Florida Such change was auth	norized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as reg	istered
l	m taminar with and accept the onlyand	us of Section 607.0305, Florida	a Statutes.	2/3	199	i
SIGNATURE	Signature, typed or printed name of registered agents	nd title applicable. (NOTE: Re	egistered Agent signature require	od when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE	esident	Change	Addition
NAME	PACKARD, WILLARD C. JR		12 NAME	Villard Packard		
STREET ADDRESS	1505 ESTATE LN		1.3 STREET ADDRESS 4	832 S. Newport Island Dr Vero Beach, FL 32917		
CITY-ST-ZIP	LAKE FOREST IL	⊠ DELÉTÉ		Vero Beach, FL 32967 conetary /Tregsures	Change	Addition
TITLE	D'HAESELEER, GAYLE	April	I	earl Milman		7.
NAME STREET ADDRESS	526 EUGENIA ROAD		2.3 STREET ADDRESS 4	832 S. Newport Island I	r	
CITY-ST-ZIP	VERO BEACH FL			Yero Beach FL 32947		
TITLE	SECR	DELETE	3.1 TITLE	,,,,,	☐ Change	Addition
NAME	PACKARDJR WILLARD C	*	3.2 NAME			
STREET ADDRESS	5520 N HARBOR VILLAGE DR #	202	3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32967		3.4. CITY-ST-ZIP			
TITLE						
		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		☐ DELETE			☐ Change	∐ Addition :
NAME STREET ADDRESS		☐ DELETE	4.1 TITLE		☐ Change	∐ Addition
STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

2-8-99 1-561-720-3581