

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **718671** (1)

1. Corporation Name

THE CMC ASSOCIATION OF VERO BEACH AND INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3381 BEACH STATION
VERO BEACH FL 32964-0381

P.O. BOX 3381 BEACH STATION
VERO BEACH FL 32964-0381



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

3. Date Incorporated or Qualified

06/12/1970

4. FEI Number

23-7089453

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GWATHMEY, LOMAX
23 SEAHORSE LANE
VERO BEACH FL 32960**

81 Name

TENBUS, ROBERT

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

764 BANYAN ROAD

84 City

VERO BEACH

FL

85 Zip Code

32963

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Robert Tenbus, President**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-13-98

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D/P TENBUS, ROBERT M.
STREET ADDRESS	764 BANYAN RD.
CITY-ST-ZIP	VERO BCH, FL
TITLE	☒ DELETE
NAME	DST GWATHMEY, LOMAX
STREET ADDRESS	23 SEA HORSE LANE
CITY-ST-ZIP	VERO BCH, FL 32960
TITLE	☐ DELETE
NAME	D/V ELWYN, WINNIE E.
STREET ADDRESS	2096 WINDWARD WAY
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DST Ooty, Kevin S.
2.3 STREET ADDRESS	411 Holly Road
2.4 CITY-ST-ZIP	VERO BEACH, FL 32963
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	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert Tenbus, President** 04-13-98 561-562-0108

CR2E037 (10/97)