


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000885**  
 1. Entity Name  
**CARLTON VERO BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 1 BEACH CLUB PLACE VERO BEACH, FL 32963	Mailing Address 1 BEACH CLUB PLACE VERO BEACH, FL 32963
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0979984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6.-Name and Address of Current Registered Agent

DISTL, DOUGLAS G  
 ONE BEACH BLUB PLACE  
 VERO BEACH, FL 32963

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	COONEY, ROBERT
STREET ADDRESS	400 BEACHVIEW DR
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	P
NAME	DAVIES, TED
STREET ADDRESS	600 BEACHVIEW DRIVE, 3 NO.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	HARTMANN, BOB
STREET ADDRESS	100 BEACHVIEW DR. PHS
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	S
NAME	WOLFARTH, AL
STREET ADDRESS	300 BEACHVIEW DR
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	T
NAME	STABILE, JOHN T
STREET ADDRESS	500 BEACHVIEW DR 3 SOUTH
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000897892  
 04/25/08-80066-013 61.25

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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 617, 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:**  **4-08-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #