

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90176 046 \*\*\*\*61.25

**DOCUMENT # N01000001309**

1. Entity Name  
**THE PRESERVE OF VERO HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4760 N. HARBOR CITY BLVD.  
 SUITE 201  
 MELBOURNE, FL 32935**

Mailing Address  
**4760 N. HARBOR CITY BLVD.  
 SUITE 201  
 MELBOURNE, FL 32935**

**40025305**



2. Principal Place of Business  
**A30 25th AVE SW**

3. Mailing Address  
**PO Box 650366**

Suite, Apt. #, etc.

02202005 Chg-NP CR2E037 (10/03)

City & State  
**Vero Beach FL**

City & State  
**Vero Beach FL**

Zip  
**32962**

Country  
**Indian River**

Zip  
**32965**

Country  
**Indian River**

4. FEI Number  
**65-1089594**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRESE, GARY B  
 930 S. HARBOR CITY BLVD.  
 SUITE 505  
 MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME GENONI, JOHN P JR.	
STREET ADDRESS 4760 N. HARBOR CITY BLVD.	
CITY-ST-ZIP MELBOURNE, FL 32935	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME GENONI, JOHN M	
STREET ADDRESS 4760 N. HARBOR CITY BLVD.	
CITY-ST-ZIP MELBOURNE, FL 32935	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME KERN, RICHARD	
STREET ADDRESS 4760 N. HARBOR CITY BLVD.	
CITY-ST-ZIP MELBOURNE, FL 32935	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Susan Lewis	
STREET ADDRESS 430 25th Ave SW	
CITY-ST-ZIP Vero Beach, FL 32962	
TITLE Vero President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Ed Smith	
STREET ADDRESS 2405 3rd Place SW	
CITY-ST-ZIP Vero Beach FL 32962	
TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Nancy Jo Littlefield	
STREET ADDRESS 425 25th Ave SW	
CITY-ST-ZIP Vero	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: Nancy Jo Littlefield **NANCY JO LITTLEFIELD** 2/20/05 772-564-0860

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