

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

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90072 001 ****61.25

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| DOCUMENT # N01000001309 | | | | | |
| 1. Entity Name THE PRESERVE OF VERO HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 835 20TH PL VERO BEACH, FL 32960 | | | Mailing Address 835 20TH PL VERO BEACH, FL 32960 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02022007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 65-1089594 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MERRILL, KAREN 835 20TH PL VERO BEACH, FL 32960 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANOR, DAVID 2440 3RD PL SW VERO BEACH, FL 32962 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LUTHER, JEFF 415 25TH AVE SW VERO BEACH FL 32962 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LUTHER, JEFF 413 25TH AVE SW VERO BEACH, FL 32962 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP AMMIRATO, TOM 2450 4TH LANE SW VERO BEACH FL 32962 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SOOH, WALLACE 2200 3RD LN SW VERO BEACH, FL 32962 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TURBITT, JOHN 2195 3RD PL SW VERO BEACH FL 32962 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PAGE, RENEE 370 25TH AVE SW VERO BEACH, FL 32962 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SNELLCROVE, THOMAS 310 21ST COURT SW VERO BEACH FL 32962 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POLETZ, ERICA 420 21ST CT SW VERO BEACH, FL 32962 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALLACE, SCOTT 2200 3RD LANE SW VERO BEACH FL 32962 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMMIRATION, TOM 2450 9TH LANE SW VERO BEACH, FL 32962 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOSCALTON, RONALD 2370 4TH LANE SW VERO BEACH FL 32962 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: | | | Date _____ Daytime Phone # _____ | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |