## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N0100001309



FILED Apr 21, 2008 8:00 am Secretary of State

1. Entity Name THE PRESERVE OF VERO HOMEOWNERS ASSOCIATION, INC.							04-	-21-2008 900	049 016	****61.25		
Principal Place of Business 835 20TH PL VERO BEACH, FL 32960			835 2	Mailing Address 835 20TH PL VERO BEACH, FL 32960				40013304				
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Maili	ing Address		· ·						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02422000				
									Chg-NP	CR2E0	37 (12/06)	
City & State			City & State				4. FEI Number 65-10895	594			pplied For ot Applicable	
Zip	Zip Country		Zip Cou			untry	5. Certificate of Status Desired See Required Fee Required					
	6 Name	and Address of Curren	t Registere	d Agent				-7Name and Ac	idress.of.New.l	Registered	Agent	
MERRILL,	KAREN					Name	STA	PROPER				
835 20TH PL VERO BEACH, FL 32960						Street Address (P.O. Box Number is Not Acceptable)						
VENO BE	NOII, I L	32300						,			-	
				,		City V	ERD	Beach		Fl	Zip Coo	ie 1 G Z
	named entit	ty submits this statement f	or the purp	ose of changing its	register	ed office o	r register		in the State of F	lorida. I am	familiar with	, and accept
i io obligat	ilonis or regio	isrod agom.			•							
SIGNATURE .												
0.017110112	Signature, typed	d or printed name of registered agen	nt and title if app	ticable. (NOT	E: Registere	d Agent signat	ture required	when reinstating)		DATE		
	Filing Fe	d or printed name of registered agen	nt and title if app	9. Election Car Trust Fund C	npaign F	inancing	ture required	\$5.00 May Be Added to Fees	Flo	Make chec rida Depa	k payable	tate
10.	Filing Fe Due by M	e is \$61.25		9. Election Car Trust Fund (	npaign F Contribut	Financing tion.		\$5.00 May Be	Flo	Make chec orida Depa	RECTORS II	tate N 10
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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:**