

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001309

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE PRESERVE OF VERO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2100 65TH STREET SW
VERO BEACH, FL 32968

New Principal Place of Business:

Current Mailing Address:

4235 5TH STREET
VERO BEACH, FL 32968

New Mailing Address:

FEI Number: 65-1089594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COBURN & COMPANY
4235 5TH STREET
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUTHER, JEFF
Address: 413 25TH AVE SW
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: WALLACE, SCOTT
Address: 2200 3RD LN SW
City-St-Zip: VERO BEACH, FL 32962

Title: SD () Delete
Name: BOSCALION, ROANLD
Address: 2370 4TH LANE SW
City-St-Zip: VERO BEACH, FL 32962

Title: VPD () Delete
Name: BISHOP, KATRINE
Address: 2190 3RD PL SW
City-St-Zip: VERO BEACH, FL 32962

Title: P () Delete
Name: TURBITT, JACK (JOHN)
Address: 2195 3RD LANE SW
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: AMMIRATIION, TOM
Address: 2450 4TH LANE SW
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA COBURN

RA

01/19/2009

Electronic Signature of Signing Officer or Director

Date