


FILE NOW: FILING FEE IS \$61.25.

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N18344 (4)

1. Corporation Name
VERO GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business % GEORGE G. COLLINS, JR. 756 BEACHLAND BLVD. VERO BEACH FL 32963-1745	Mailing Address % GEORGE G. COLLINS, JR. 756 BEACHLAND BLVD. VERO BEACH FL 32963-1745
---	---

3. Date Incorporated or Qualified 12/18/1986	
4. FEI Number 65-0057137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent COLLINS, GEORGE G., JR. 744 BEACHLAND BOULEVARD VERO BEACH FL 32960	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAMON, TYRONE		1.2 NAME GENTILE, MICHELLE A.	
STREET ADDRESS 135 32ND COURT SW		1.3 STREET ADDRESS 280 32nd COURT SW	
CITY-ST-ZIP VERO BEACH-FL		1.4 CITY-ST-ZIP VERO BEACH, FL 32968	
TITLE FD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENRIGHT, TERESA		2.2 NAME DAMON, DIANE M.	
STREET ADDRESS 120 32ND COURT SW		2.3 STREET ADDRESS 135 32nd COURT SW	
CITY-ST-ZIP VERO BEACH-FL		2.4 CITY-ST-ZIP VERO BEACH, FL 32968	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENRIGHT, MICHAEL		3.2 NAME .SCHAFER, HELEN	
STREET ADDRESS 120 32ND COURT SW		3.3 STREET ADDRESS 245 32nd COURT SW	
CITY-ST-ZIP VERO BEACH-FL		3.4 CITY-ST-ZIP VERO BEACH, FL 32968	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michelle A. Gentile* 4/28/98 (561) 770-3669

CF2E037 (10/97)