2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State
01-25-2005 90058 044 ****61.25

DOCUMENT # N38013

1. Entity Name
VERO PALM ESTATES HOMEOWNER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1405 -82ND AVE SUITE 700 VERO BEACH, FL 32966 US	1405 -82ND AVE SUITE 700 VERO BEACH, FL 32966 US

DO NOT WRITE IN THIS SPACE

01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0187731
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~TAYLOR, JAMES A~~ J. ATWOOD TAYLOR, III
5070 N. A-1-A 5070 NORTH A-1-A
STE 200
VERO BEACH, FL 32960 Suite 200
Vero Beach, FL 32960

DO NOT WRITE IN THIS SPACE

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 _____ Registered Agent 1/20/05
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEPHENSON, PAUL
STREET ADDRESS	1405 -82ND AVE #47
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	D
NAME	PATTEN, ROBERT
STREET ADDRESS	1405 -82ND AVE #8
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	D
NAME	CLARK, ROBERT
STREET ADDRESS	1405 -82ND AVE #265
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	SD
NAME	CULLEN, ANDREA R
STREET ADDRESS	1405 82ND AVE #54
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	TD
NAME	NARAMORE, WILLIAM
STREET ADDRESS	1405 82ND AVE #54
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: PAUL F. STEPHENSON Paul F. Stephenson 1/17/05 772 778 2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #