FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



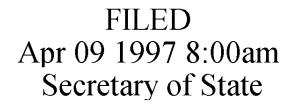
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005131 (7)

DOWNTOWN VERO BEACH ASSOCIATION, INC.





Principal Plac	oe of Busines	S	Mailing A	Mailing Address												
2770 INDIAN RIVER BLVD. VERO BEACH FL 32960				PO BOX 6253 VERO BCH. FL 32961-6253												
										10/14/	1994	or Qualifie	d 3a.	Date of La 06/05/		
2. Principal P	Place of Busin	2a. Mailir 26	2a. Mailing Address					4. FEI Number 65-0446755						Applied For Not Applicable		
Sulte, Apt.	#, etc.		} <u>-</u>	Suite, Apt. #, etc.					5 . Ce	rtificate of	Status	Desired			5 At	iditional uired
City & State				City & Stato					6. Election Campaign Financing \$5.00 May Be							
Zip	Zip Country		28	Zip Cou						st Fund C				Add	led to	Fees
24		25	29 29	-		ıntry						s liability fo	or intangib Yes	ole tax und	ers.	199.032,
[41]	9. Name	and Address of Cui			30	T				rida Statu me and 4		of New I	Registere			
						B1	Name		10. 110	ino una r	100100	01 11017	iogistore.	a Agont		
O'BRIEN		82														
	DIAN RIVER	RIVI					Street	et Address (P.O. Box Number is Not Acceptable)								
STE 304		DETO.				83		····			···-					TIV 744
	EACH FL 3	2980														
YENO DI	D 1011 1 C 0					84	City						F	85 2	zip Co	ode
11. Pursuant office or r	to the provisi	ons of Sections 617.0 ent, or both, in the St	0502 and 617.150 ate of Florida. Suc	8, Florida Statute	s, the at thorized	d by	named	d corpora	tion su	bmits this	statem	ent for the	DUIDOGO	of changin	g its	registered
agent. I a SIGNATURE .	ım familiar wi	th, and accept the ob	oligations of, Section	on 617.0503, Flor	ida Stat	lutes.						0.00, 000	opi mo uj	ppointinon.	ao i	giolorea
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if applice	ble (NOTE:	Registered	d Ager	it signature	re required w	hen reinst	ating)	· - ·····		DATE			
12.		OFFICERS.	AND DIRECTORS	7,	13.				ADD	ITIONS/C	HANGE	S TO OFF	ICERS AN	VD DIRECT	ORS	IN 12
TITLE	D	_		DELETE	1.1 1(1	TLE		TREA	SURE	R	77	T W :2962		Chan	ge	Addition
NAME	HEDIN, I				1.2 NA	AME		H.V	annes	KEAM	14, 4	1				
STREET ADDRESS				. 1.3 ST			ADDRESS	1696	201	u pen	K 5	ω				
CITY-ST-ZIP		ACH FL 32963			1.4 CI	TY-81	- ZIP	VERO	BEI	ACH, F	6	2962	-			i
TITLE	D	_		DELETE	2.1 10	ILE								☐ Chan	ge	Addition
NAME	BLYTH, (2.2 N			2.2 NAME									
STREET ADDRESS				2.3 \$			2.3 STREET ADDRESS						7			
CITY-ST-ZIP	-	CH. FL 32960		1	2.4 CI	11Y-S1	- 212									
TITLE	D			☐ DELETE	3 1 TH	ILE		1						Chan	ge	Addition
NAME	BRESSE				3.2 NA	ME										
STREET ADDRESS					3.3 ST	REET A	DDRESS									
CITY-ST-ZIP	VEHU BU	CH. FL 32960		Dr. Fre	3.4. CI		- ZIP									
TITLE				☐ DELETE	4.1 T(T] Chang	ge	Addition
NAME					4. 2 NA											
STREET ADDRESS							DDRESS									
CITY-ST-ZIP				Dougra	4.4 CIT		-ZIP	 -								4.500
TITLE				DELETE	5.1 1)1									∟ Chang	je	Addition
NAME STORET ADDOCSS					5 2 NA											1
STREET ADDRESS							DDRESS									ļ
CITY-ST-ZIP TITLE				DELETÉ	5.4 CIT		ZIP	 						T AL		14400
NAME				L., DELETE	6.1 TIT			1						☐ Chang	je (Addition
i					6.2 NAI			1								ŀ
STREET ADDRESS							DDRESS									
CITY-ST-ZIP	ou partifu that	Ab a lafa	P. al. 345 Al. (- 200		6.4 CIT	Y-SI-	ZIP	<u> </u>								

14. I do nereby 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.

CIONATURE. A