

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90286 024 ****61.25

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DOCUMENT # N96000001938

1. Entity Name
THE ISLAND CLUB OF VERO BEACH HOMEOWNERS ASSOCIA

Principal Place of Business Mailing Address

~~ELLIOTT MERRILL COMMUNITY MGMT
 1105 12TH ST
 VERO BEACH FL 32960
 US~~ ~~ELLIOTT MERRILL COMMUNITY MGMT
 1105 12TH ST
 VERO BEACH FL 32960
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Vista Properties Mgmt, Inc. *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

100 Vista Royale Blvd *Same*

City & State City & State

Vero Beach, FL *Same*

4. FEI Number **65-0699294** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

~~ELLIOTT, RICHARD D
 ELLIOTT MERRILL COMMUNITY MGMT
 1105 12TH ST
 VERO BEACH FL 32960~~

7. Name and Address of New Registered Agent

Name *Dennis Witherow*

Street Address (P.O. Box Numbers Not Acceptable) *90 Vista Properties Mgmt*

100 Vista Royale Blvd

City *Vero Beach, FL* Zip *32962*

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.

SIGNATURE DATE *4-20-01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITHEROW, DENNIS 871 ISLAND CLUB SQUARE VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1233 W. Island Club Sq. Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELPHREY, LINDA 871 ISLAND CLUB SQUARE VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1233 W. Island Club Sq. Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUPP, CHRISTIN 871 ISLAND CLUB SQUARE VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1233 W. Island Club Sq. Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom Fry 1233 W. Island Club Sq. Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE *4-20-01* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)