


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005333 (7)
1. Corporation Name

VERO LAKE ESTATES PROPERTY OWNERS, INC.



Principal Place of Business 8245 104TH COURT VERO BEACH FL 32967-3646	Mailing Address 8245 104TH COURT VERO BEACH FL 32967-3646
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3. Date Incorporated or Qualified
10/14/1996

4. FEI Number 59-2266011	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SMARGIASSI, MICHAEL L
8245 104TH COURT
VERO BEACH FL 32967-3646

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ED SANTANA	
STREET ADDRESS	8781 96 AVE.	
CITY-ST-ZIP	VERO BCH FL 32967	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SALLIE MCGARVEY	
STREET ADDRESS	9385 101 AVE.	
CITY-ST-ZIP	VERO BCH FL 32967	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MICHAEL SMARGIASSI	
STREET ADDRESS	8245 104 COURT	
CITY-ST-ZIP	VERO BCH FL 32967-3646	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEN GRONDAHL	
STREET ADDRESS	7870 97 COURT	
CITY-ST-ZIP	VERO BCH FL 32967	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAREN O'KEEFE	
STREET ADDRESS	7925 91 AVE.	
CITY-ST-ZIP	VERO BCH FL 32967	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VELEZ, PAULINE	
STREET ADDRESS	8655 104 AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VINCENT LUCIANO	
1.3 STREET ADDRESS	9380 101 COURT	
1.4 CITY-ST-ZIP	VERO BEACH, FL. 32967	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JULIE FINK	
2.3 STREET ADDRESS	8825 97th AVE	
2.4 CITY-ST-ZIP	VERO BEACH, FL. 32967	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DICK ABRAMS	
3.3 STREET ADDRESS	7875 93 COURT	
3.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHEILA WISNIEWSKI	
4.3 STREET ADDRESS	9059 100th AVENUE	
4.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Michael L. Smargiassi* **MICHAEL L. SMARGIASSI** 1/21/98 561 589-0919

CR2E037 (10/97)