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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005333

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2266011
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
29 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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 MICHAEL L. SMARGIASSI, TREASURER *Michael L. Smargiassi* DATE 1/26/99

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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ED SANTANA	
STREET ADDRESS	8781 96 AVE.	
CITY-ST-ZIP	VERO BCH FL 32967	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LUCIANO, VINCENT	
STREET ADDRESS	9380 101 COURT	
CITY-ST-ZIP	VERO BEACH 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 checked="" type="checkbox"/> DELETE
NAME	KEN GRONDAHL	
STREET ADDRESS	7870 97 COURT	
CITY-ST-ZIP	VERO BCH FL 32967	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FINK, JULIE	
STREET ADDRESS	8825 97TH AVE	
CITY-ST-ZIP	VERO BCH FL 32967	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ABRAMS, DICK	
STREET ADDRESS	7875 93 COURT	
CITY-ST-ZIP	VERO BEACH FL 32967	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ED SANTANA	
1.3 STREET ADDRESS	8781 96 AVE	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALTER HEARN	
2.3 STREET ADDRESS	8365 93 AVE	
2.4 CITY-ST-ZIP	VERO BEACH, FL. 32967	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATRICIA SPERLING	
3.3 STREET ADDRESS	8826 101 AVE.	
3.4 CITY-ST-ZIP	VERO BEACH, FL. 32967	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MILDRED HARTMAN	
4.3 STREET ADDRESS	9026 85 PLACE	
4.4 CITY-ST-ZIP	VERO BEACH, FL. 32967	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHEILA WISNIEWSKI	
5.3 STREET ADDRESS	9059 100 AVE	
5.4 CITY-ST-ZIP	VERO BEACH, FL. 32967	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KAREN O'KEEFE	
6.3 STREET ADDRESS	7925 91 AVE	
6.4 CITY-ST-ZIP	VERO BEACH, FL. 32967	

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, with all other like empowered.

SIGNATURE: Michael L. Smargiassi *Michael L. Smargiassi* DATE 1/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-589-0919
Daytime Phone #

CR2E037 (1/98)