


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90004 027 ****61.25

DOCUMENT # N96000005333

1. Entity 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**

34010967

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
8245 104th COURT
 Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State
VERO BEACH FL

Zip
32967-3646

Country
USA

4. FEI Number
30-0131649

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SMARGIASSI, MICHAEL L
 8245 104TH COURT
 VERO BEACH FL 32967-3646**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Smargiassi, Michael L. DATE 3-1-04

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

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SOLOOK, MICHAEL 8466 91 AVENUE VERO BEACH FL 32967 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROLAND, MICHELE 7760 92 COURT VERO BEACH FL 32967 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MICHAEL SMARGIASSI 8245 104 COURT VERO BCH FL 32967-3646 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STANLEY, PAT 8020 96 COURT VERO BCH FL 32967 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPERLING, ROBERT 8826 101 AVENUE VERO BEACH FL 32967 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOLOOK, MICHAEL 8466 91 AVENUE VERO BEACH FL 32967 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GRONDAHL, KEN 7870 97 th COURT VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAY, DON 8415 90 th Avenue VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TITOMASSON, SUSAN 8275 105 th AVENUE VERO BEACH FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GROSSMAN, MARK 9960 86 STREET VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> 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: Michael L. Smargiassi, Treasurer DATE: 3-1-04 DAYTIME PHONE: 772-589-0919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #