

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90023 008 ****61.25

DOCUMENT # N99000001890

1. Entity Name

CARLTON VERO BEACH COMMUNITY ASSOCIATION, INC.

Principal Place of Business 8000 A1A INDIAN RIVER SHORES FL 32963	Mailing Address 8000 A1A INDIAN RIVER SHORES FL 32963-4216
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2. Principal Place of Business 7777 North A1A	3. Mailing Address 7777 North A1A
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Suite, Apt. #, etc. Vero Beach	Suite, Apt. #, etc.
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City & State Vero Beach, FL	City & State Vero Beach, FL
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Zip 32963	Country USA	Zip 32963	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0950027	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JECK, PHILLIPE
1061 E. INDIANTOWN RD. STE. 400
JUPITER FL 33477

7. Name and Address of New Registered Agent


Name
Jeck, Philippe Esquire


Street Address (P.O. Box Number is Not Acceptable)
c/o Jeck, Harris & Jones, LLP

1061 E. Indiantown Road, Suite 400

City
Jupiter **FL** Zip Code
33477

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  (NOTE: Registered Agent signature required when reinstating)

DATE 

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete SIMPSON, R M 8000 A1A INDIAN RIVER SHORES FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NAGEL, ROBERT F 8000 A1A INDIAN RIVER SHORES FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete TALLMAN, DWAYNE 8000 A1A INDIAN RIVER SHORES FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Simpson, R. Mason 7777 North A1A Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nagel, Robert F. 7777 North A1A Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barbara Buhr 7777 North A1A Vero Beach, FL 32963
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:  **01/10/2000** (561) 231-3131

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