


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N99000001890
 1. Entity Name
CARLTON VERO BEACH COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
1 BEACH CLUB PLACE **1 BEACH CLUB PLACE**
VERO BEACH, FL 32963 **VERO BEACH, FL 32963**

DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent
 DISTL, DOUGLAS G
 ONE BEACH CLUB PL
 VERO BEACH, FL 32963

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

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERTOCCHI, AL 100 OCEAN VIEW LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIES, TED 800 BEACHVIEW DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COONEY, ROBERT 400 BEACH VIEW DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFARTH, AL 300 BEACHVIEW DR, 3N VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTMANN, BOB 100 BEACHVIEW DR PH S VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000897887
 04/25/08-80066-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4-9-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #