

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2003 8:00 am  
Secretary of State

02-17-2003 90180 009 \*\*\*\*61.25

DOCUMENT # N99000001890

1. Entity Name  
**CARLTON VERO BEACH COMMUNITY ASSOCIATION, INC.**



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

Mailing Address  
**1 BEACH CLUB PLACE  
VERO BEACH FL 32963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0950027**

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTERS, PETER R  
1 BEACH CLUB PLACE  
VERO BEACH FL 32963**

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <b>SIMPSON, MASON R</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7777 NORTH A1A</b>	
CITY-ST-ZIP	<b>INDIAN RIVER SHORES FL 32963</b>	
TITLE NAME	<b>DS DAVIES</b> <b>DAVIS, TED</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>600 BEACHVIEW DRIVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE NAME	<b>D</b> <b>BERGSTROM, JOHN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>400 BEACHVIEW DRIVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>PTD</b> <b>DAVIES, TED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>VSD</b> <b>HEILMAN, DAVID</b> <b>100 BEACHVIEW DR.</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_ **SIGNATURE REQUIRED** 2-16-03 772-234-7423

CR2E037 (10/02)