

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N02000003769**

1. Entity Name  
VILLAGE WALK SOUTH OF VERO BEACH  
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

602 6TH AVENUE  
VERO BEACH, FL 32962

Mailing Address

602 6TH AVENUE  
VERO BEACH, FL 32962



01172008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2322395

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COBURN, DEBRA  
COBURN & COMPANY  
602 6TH AVENUE  
VERO BEACH, FL 32962

**DO NOT WRITE  
IN THIS SPACE**

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

**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  
ST  
JORDAN, SUE  
553 6TH LANE  
VERO BEACH, FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COLLINS, THOMAS  
545 6TH LANE  
VERO BEACH, FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WEBSTER, MARY  
495 6TH ST  
VERO BEACH, FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MYERS, TERRY  
552 6TH LANE  
VERO BEACH, FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MINAHAN, VERITY  
554 6TH LANE  
VERO BEACH, FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GETZ, ERICA  
491 6TH STREET  
VERO BEACH, FL 32962

000000796204  
01/29/08-80023-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #