

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750632

Entity Name: EAST WIND OF VERO CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**AR CHOICE MANAGEMENT
100 VISTA ROYALE BOULEVARD
VERO BEACH, FL 32962**Current Mailing Address:**C/O AR CHOICE MANAGEMENT
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US**FEI Number:** 59-1983355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMANO, ALAN
AR CHOICE MANAGEMENT
100 VISTA ROYALE BOULEVARD
VERO BEACH, FL 32962 US*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:** ALAN ROMANO

06/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THIEMANN, BARBARA
Address AR CHOICE MANAGEMENT
 100 VISTA ROYALE BOULEVARD
City-State-Zip: VERO BEACH FL 32962

Title TREASURER
Name JAHN, BARBARA
Address AR CHOICE MANAGEMENT
 100 VISTA ROYALE BOULEVARD
City-State-Zip: VERO BEACH FL 32962

Title VP
Name BAUSANO, JIM
Address AR CHOICE MANAGEMENT
 100 VISTA ROYALE BOULEVARD
City-State-Zip: VERO BEACH FL 32962

Title SECRETARY
Name BENSYL, CONNIE
Address AR CHOICE MANAGEMENT
 100 VISTA ROYALE BOULEVARD
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR
Name SULLIVAN, MICHAEL
Address AR CHOICE MANAGEMENT
 100 VISTA ROYALE BOULEVARD
City-State-Zip: VERO BEACH FL 32962

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA THIEMANN

PRESIDENT

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date