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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720531

1. Corporation Name
OCEAN TOWERS OF VERO BEACH, INC.

Principal Place of Business: %ELLIOTT-MERRILL COMMUNITY MANAGEMENT, 1105 12TH ST., VERO BEACH FL 32960
 Mailing Address: %ELLIOTT-MERRILL COMMUNITY MANAGEMENT, 1105 12TH ST., VERO BEACH FL 32960



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/17/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1490027	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ELLIOTT, RICHARD D. ELLIOTT MERRILL COMMUNITY MGMT 1105-12TH STREET VERO BEACH FL 32960				81 Name <i>Merrill, Karen</i>			
				82 Street Address (P.O. Box Numbers Not Acceptable)			
				83			
				84 City <i>SAME</i> FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Karen Merrill* DATE *3-22-99*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCULLOUGH, PRISCILLA	1.2 NAME	<i>McCormick, Joy</i>
STREET ADDRESS	2735 OCEAN DR.	1.3 STREET ADDRESS	<i>2729 Ocean Dr.</i>
CITY-ST-ZIP	VERO BCH. FL 32964	1.4 CITY-ST-ZIP	<i>VERO Beach, FL</i>
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, PHILIP	2.2 NAME	<i>vantuy, Cynthia</i>
STREET ADDRESS	P.O. BOX 4107 N/A	2.3 STREET ADDRESS	<i>2737 Ocean Dr #20</i>
CITY-ST-ZIP	VERO BCH. FL 32964	2.4 CITY-ST-ZIP	<i>VERO Beach, FL</i>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORDANO, VINCENT	3.2 NAME	
STREET ADDRESS	2709 OCEAN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, JOAN	4.2 NAME	
STREET ADDRESS	1065 TOBAGO TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, PETER	5.2 NAME	
STREET ADDRESS	2739 OCEAN DR., #29	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *3/17/99* (561) 234-8835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Karen Merrill* DATE: Daytime Phone #

CR2E037 (1/198)