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FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 22, 2001 8:00 am Secretary of State **DOCUMENT # 720531** 04-16-2001 90067 040 ****61.25 OCEAN TOWERS OF VERO BEACH, INC. Principal Place of Business Mailing Address **%ELLIOTT-MERRILL COMMUNITY MANAGEMENT** WELLIOTT-MERRILL COMMUNITY MANAGEMENT 1105 12TH ST. 1105 12TH ST. VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-1490027 Not Applicable Country Zip Zìo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELLIOTT, RICHARD D. **ELUOTT MERRILL COMMUNITY MGMT** 1105-12TH STREET City VERO BEACH FL 32980 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 SIGNATURE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE VANTUYL: CYNTHIA NAME NAME 2735 OCEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL 32964 ☐ Change TITLE TITLE CD book TEL D GIORDANO, VINCENT Brown William NAME NAME 2709 OCEAN DR. STREET ADDRESS STREET ADDRESS 1065 Tabaso Vero Beach CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITL F 4 Change ☐ Addition Delete TITLE HIGGINS, JOAN. NAME NAME STREET ADDRESS 1065 TOBAGO TERRACE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP Delete TITLE 12 Change ☐ Addition TITLE VΡ MCCORMICK, JOY NAME NAME 2729 OCEAN DR STREET ADORESS STREET ADDRESS CITY-ST-ZIP **VERO BEACH FL** CITY-ST-7P Delete TITLE ☐ Addition TITLE JOHNSON, PAUL NAME NAME 2741 OCEAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP Delete Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-57-ZIP CITY-ST-71P 12. Thereby 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 empowers because this report as required by Chapter 617, Florida Statutes; and that my paper appears in Block 10 or Block 11 if changed, or on an attachment with an addier like empowered. SIGNATURE: