

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90295 039 ****61.25

DOCUMENT # 720531

1. Entity 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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1490027		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MERRILL, KAREN ELLIOTT MERRILL COMMUNITY MGMT 1105-12TH STREET VERO BEACH FL 32960				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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---------------------------------	---	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME S VANTUYL, CYNTHIA STREET ADDRESS 2735 OCEAN DR. CITY-ST-ZIP VERO BCH. FL 32964	<input checked="" type="checkbox"/> Delete		TITLE NAME D Bill Morris STREET ADDRESS 2743 Ocean Drive #46 CITY-ST-ZIP Vero Beach, FL 32963	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME D HIGGINS, WILLIAM H STREET ADDRESS 1065 TABAGO TERRACE CITY-ST-ZIP VERO BEACH FL 32963	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME TS HIGGINS, JOAN STREET ADDRESS 1065 TOBAGO TERRACE CITY-ST-ZIP VERO BEACH FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME VPD MCCORMICK, JOY STREET ADDRESS 2729 OCEAN DR CITY-ST-ZIP VERO BEACH FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME PD JOHNSON, PAUL STREET ADDRESS 2741 OCEAN DRIVE CITY-ST-ZIP VERO BEACH FL 32963	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 my address, with all other like empowered.

SIGNATURE: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/01)