


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90240 033 ****61.25

DOCUMENT # 720531

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



Principal Place of Business
 % ELLIOTT-MERRILL COMMUNITY MANAGEMENT
 835 20TH PL
 VERO BEACH, FL 32960

Mailing Address
 % ELLIOTT-MERRILL COMMUNITY MANAGEMENT
 835 20TH PL
 VERO BEACH, FL 32960

54030218



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-1490027

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MERRILL, KAREN
ELLIOTT MERRILL COMMUNITY MGMT
835 20TH PLACE
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARRIS, BILL	
STREET ADDRESS	2735 OCEAN DR.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, PETER	
STREET ADDRESS	2739 OCEAN DRIVE #29	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUTTESFIELD, PAUL	
STREET ADDRESS	22 RIDGE VALLEY CRESCENT	
CITY-ST-ZIP	ETOBICOKE ONTARIO, CANADA, m9a356	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCORMICK, JOY	
STREET ADDRESS	2729 OCEAN DR	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, PAUL	
STREET ADDRESS	2741 OCEAN DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morris, Bill	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gillon, James	
STREET ADDRESS	2743 Ocean Dr	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Higgins, Bill	
STREET ADDRESS	1025 Tobacco Terr	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: William H Higgins Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR