


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90106 042 ****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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

90000000



01032006 Chg-NP CR2E037 (11/05)

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

Filing Fee is **\$61:25** Due by **May 1, 2006**

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	VPT	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, BILL	
STREET ADDRESS	2735 OCEAN DR.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLON, JAMES	
STREET ADDRESS	2743 OCEAN DR.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	S	<input checked="" 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	HIGGINS, BILL	
STREET ADDRESS	1065 TABASO TERR	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUTTERFIELD, PAULA	
STREET ADDRESS	2737 OCEAN DRIVE #22	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Nolan	
STREET ADDRESS	2743 Ocean Dr. #38	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Johnson	
STREET ADDRESS	2741 Ocean Dr #34	
CITY-ST-ZIP	VERO BEACH, FL 32963	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bill Morris* Date: 4/13/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR