
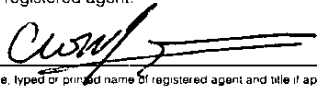
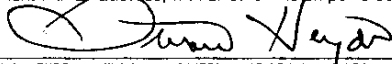


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90040 008 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip - - -		Zip - - -	
Country		Country	
4. FEI Number 59-1490027		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MERRILL, KAREN ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE VERO BEACH, FL 32960		Name Mr. Charles McKinnon	
		Street Address (P.O. Box Number is Not Acceptable) 3055 Cardinal Dr. Ste 302	
		City Vero Beach	
		Zip Code FL 32963	
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 3-12-08	
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, 2008		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, BILL	NAME	
STREET ADDRESS	2735 OCEAN DR.	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLON, JAMES	NAME	
STREET ADDRESS	2743 OCEAN DR.	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, ED	NAME	
STREET ADDRESS	2743 OCEAN DR. #38	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTERFIELD, PAULA	NAME	
STREET ADDRESS	2737 OCEAN DRIVE #22	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PAUL	NAME	
STREET ADDRESS	2741 OCEAN DR #34	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYDT, STUART	NAME	Heydt, Stuart
STREET ADDRESS	2743 OCEAN DR #41	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32968	CITY-ST-ZIP	
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: 		DATE: 3/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

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