

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91204 026 ****61.25

DOCUMENT # 720531

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



Principal Place of Business Mailing Address
%ELLIOTT-MERRILL COMMUNITY MANAGEMENT **%ELLIOTT-MERRILL COMMUNITY MANAGEMENT**
1105 12TH ST. **1105 12TH ST.**
VERO BEACH FL 32960 **VERO BEACH FL 32960**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
Elliott Merrill Community Mgmt *835 20th Pl*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
835 20th PL
 City & State City & State
Vero Beach FL Vero Beach FL
 Zip Country Zip Country
32960 FL 32960 FL

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
1105 12TH STREET *835 20th Pl*
VERO BEACH FL 32960

7. Name and Address of New Registered Agent
 Name *Merrill, Karen*
 Street Address (P.O. Box Number is Not Acceptable)
1105 12th Street
835 20th Pl
 City *Vero Beach FL* Zip Code *32960*

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 *Karen L Merrill*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/15/03*

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARRIS, BILL	
STREET ADDRESS	2735 OCEAN DR.	
CITY-ST-ZIP	VERO BCH. FL 32964	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, WILLIAM H	
STREET ADDRESS	1065 TABAGO TERRACE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, JOAN	
STREET ADDRESS	1065 TOBAGO TERRACE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCORMICK, JOY	
STREET ADDRESS	2729 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRIS BILL	
STREET ADDRESS	2735 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Clarke	
STREET ADDRESS	2739 Ocean Drive #29	
CITY-ST-ZIP	Vero Beach FL 32963	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Butler Field	
STREET ADDRESS	22 Ridge Valley Crescent	
CITY-ST-ZIP	Etobicoke Ontario Canada M9A 3J6	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]* **APRIL 14/03** **234 2537**

CR2E037 (10/02)