

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723167

FILED
Mar 13, 2009
Secretary of State

Entity Name: VERO TOWERS ASSOCIATION, INC

Current Principal Place of Business:

275 DATE PALM RD
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

275 DATE PALM ROAD
VERO BEACH, FL 32963 US

New Mailing Address:

FEI Number: 59-1497334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLHOUSE, JOHN
275 DATE PALM RD
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KIOSHAW, DOROTHY
Address: 275 DATE PALM RD
City-St-Zip: VERO BEACH, FL 32863

Title: D () Delete
Name: BENKERT, AL
Address: 275 DATE PALM RD #606
City-St-Zip: VERO BEACH, FL 32963

Title: D (X) Delete
Name: KENNEDY, ROBERT
Address: 275 DATE PALM ROAD #403
City-St-Zip: VERO BEACH, FL 32963

Title: P () Delete
Name: HILLHOUSE, JOHN
Address: 275 DATE PALM RD
City-St-Zip: VERO BEACH, FL

Title: DV () Delete
Name: BARRINGER, JOHN
Address: 275 DATE PALM RD.
City-St-Zip: VERO BEACH, FL

Title: D () Delete
Name: VIGINTAINER, CHOVINE
Address: 275 DATE PALM RD
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VISINTAINER, CHOVINE
Address: 275 DATE PALM RD
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HILLHOUSE

MR.

03/13/2009

Electronic Signature of Signing Officer or Director

Date