

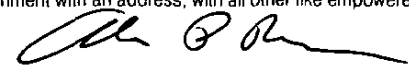


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90034 034 ****61.25

DOCUMENT # 725540 1. Entity Name VERA CRUZ CONDOMINIUM ASSOCIATON, INC.					
Principal Place of Business 5151 NORTH A-1-A VERO BEACH, FL 32963				Mailing Address 5151 NORTH A-1-A #600 VERO BEACH, FL 32963	
2. Principal Place of Business - No P.O. Box # 333 17th street Suite, Apt. #, etc. Suite 2L City & State Vero Beach, FL Zip 32960		3. Mailing Address 333 17th street Suite, Apt. #, etc. Suite 2L City & State Vero Beach, FL Zip 32960			
4. FEI Number 59-1636167				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MING, SARA LEE 5151 N A1A 204 VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Alan P. Romano Street Address (P.O. Box Number is Not Acceptable) A.R. Choice Management 333 17th street, Suite 2L 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D MCSWEENEY, JAMES 5151 N A1A #203 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANO, ALAN 5151 N A1A, #211 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKSTOCK, JOHN 5151 NORTH A1A #108 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KNIER, FRED 5151 NORTH A1A #103 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASHER, THOMAS 5151 NORTH A1A #210 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKAY, RAYMOND 5151 NORTH A1A #110 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  </div> <div style="width: 20%; text-align: center;"> 3/19/07 </div> <div style="width: 40%; text-align: right;"> 772-567-0808 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>					