

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725540

FILED
Mar 06, 2009
Secretary of State

Entity Name: VERA CRUZ CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

333 17TH STREET
STE 2L
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

333 17TH STREET
STE 2L
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-1636167 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROMANO, ALAN P
333 17TH STREET SUITE 2L
VERO BEACH, FL 32960 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: SD () Delete
Name: MCSWEENEY, JAMES
Address: 5151 N A1A #203
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: ROMANO, ALAN
Address: 5151 N A1A, #211
City-St-Zip: VERO BEACH, FL 32963

Title: VPD () Delete
Name: BLACKSTOCK, JOHN
Address: 5151 NORTH A1A #108
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: VAN NEST, JOYCE
Address: 5151 N A1A #501
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: BALDWIN, WALTER
Address: 5151 N A1A #303
City-St-Zip: VERO BEACH, FL 32963

Title: PD () Delete
Name: MACKAY, RAYMOND
Address: 5151 NORTH A1A #110
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: D (X) Change () Addition
Name: CHROSTOWSKI, MATT
Address: 5151 N A1A #502
City-St-Zip: VERO BEACH, FL 32963

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

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: RAYMOND MACKAY

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date