2006 NOT-FOR-PROFIT CORPORATION

Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #750632** 04-24-2006 90461 016 ****61.25 EAST WIND OF VERO CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 50015711 C/O ELLIOTT MERRILL C/O ELLIOTT MERRILL 835 20TH Pt. 835 20TH PL. VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chq-NP CR2E037 (11/05) 4. FEI Number 59-1983355 Applied For City & State City & State Not Applicable Country Country \$8.75 Additional Zip Zip 5._Certificate of Status Desired ______ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERRILL, KAREN Street Address (P.O. Box Number is Not Acceptable) 835 20TH PL 1105-12TH STREET VERO BEACH, FL 32960 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. May E above Vice fue. TITLE VPD Delete TITLE ABARE, MARY NAME NAME 910 E CAUSEWAY BLVD, #C14 STREET ADDRESS STREET ADDRESS Breit Feb. 32963 CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change ☐ Addition MADDEN, RICHARD NAME NAME 26 WOODRIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRIMACK, NH 03054 CITY-ST-7IP TD Change TITLE ☐ Addition TITLE ☐ Delete FERRARI, RUTH NAME NAME STREET ADDRESS 2424 CHOSLESTON AVE. STREET ADDRESS VESTAL, NY 13850 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE Gerald Gasz 910 E Causeway Blob NAME NAME BOW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u>Vero Beack Fl 32962</u> TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME

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.

ABARE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

FILED