

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 758489

1. Entity Name
VIA ROMA BEACH RESORT OWNERS' ASSOCIATION,
INC.



Principal Place of Business
2408 GULF DR
BRADENTON BCH, FL 34217 US

Mailing Address
4960 CONFERENCE WAY N.
SUITE #100
BOCA RATON, FL 33431 US



04302007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2187252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEHR, PATRICIA A
4960 CONFERENCE WAY N
SUITE 100
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DODD, TERRY 4960 BLUE LAKE DR., ATTN: B6 PM BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONKIN, CRAIG 6710 ELLENTON GILLETTE RD., #222 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIERKING, STEPHEN 18618 WALKER ROAD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VONTRESS, THEODORE 2709 HERITAGE LN BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/21/07-80013-006 61.25

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #