

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 9:29

DOCUMENT # **H54085** (6)

1. Corporation Name  
**VERO DUNES VENTURER, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2100 NEW RIVER CENTER  
200 EAST LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301-2100**

Mailing Address  
**2100 NEW RIVER CENTER  
200 EAST LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301-2100**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/26/1985	05/01/1984
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
22		27		25-1513428	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S 199.032, Florida Statutes	
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUZI, HENRY	12 NAME	<b>P</b> ROBER W. SCHIPKE
STREET ADDRESS	200 E LAS OLAS BLVD, SUITE 2100	13 STREET ADDRESS	200 E LAS OLAS BLVD, SUITE 2100
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	FT. LAUDERDALE, FL 33301
TITLE	VPS	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, DAVID R	22 NAME	<b>V</b> ROBERT P. TOTTE
STREET ADDRESS	200 E LAS OLAS BLVD, SUITE 2100	23 STREET ADDRESS	300 E LAS OLAS BLVD, SUITE 2100
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	FT. LAUDERDALE, FL 33301
TITLE	CB	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIPKE, ROGER	32 NAME	<b>T/D</b> PAUL M. O'HARA
STREET ADDRESS	200 E LAS OLAS BLVD, SUITE 2100	33 STREET ADDRESS	300 E LAS OLAS BLVD, SUITE 2100
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	FT. LAUDERDALE, FL 33301
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	<b>S/D</b> DAVID C FANNIN
STREET ADDRESS		43 STREET ADDRESS	200 E LAS OLAS BLVD, SUITE 2100
CITY ST ZIP		44 CITY ST ZIP	FT. LAUDERDALE, FL 33301
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 111.07(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert P. Totte* Robert P. Totte 4/26/95 (305) 767-2159