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FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H54085

(6)

1. Corporation Name  
VERO DUNES VENTURER, INC.

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 33301-2248



2. Principal Place of Business

21 1615 S. CONGRESS AVE

Suite, Apt. #, etc  
22 SUITE 200

City & State  
23 DELRAY BEACH FL

Zip  
24 33445

Country

2a. Mailing Address

26 1615 S. CONGRESS AVE.

Suite, Apt. #, etc  
27 SUITE 200

City & State  
28 DELRAY BEACH FL

Zip  
29 33445

Country

3. Date Incorporated or Qualified  
04/26/1985

3a. Date of Last Report  
02/27/1996

4. FEI Number

25-1513428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

part of consolidated

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SCHIPKE, ROGER N  
STREET ADDRESS 200 E LAS OLAS BLVD, SUITE 2100  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE V  
NAME TOTTE, ROBERT P  
STREET ADDRESS 200 E LAS OLAS BLVD, SUITE 2100  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE TD  
NAME PAUL, O'HARA M.  
STREET ADDRESS 200 E LAS OLAS BLVD, SUITE 2100  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE SD  
NAME DAVID, FANNIN  
STREET ADDRESS 200 E. LAS OLAS BLVD STE. 2100  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME ALBERT J. DUNLAP  
1.3 STREET ADDRESS 1615 S. CONGRESS AVE., SUITE 200  
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

2.1 TITLE ASST. VICE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1615 S. CONGRESS AVE., SUITE 200  
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME RUSSELL A. KERSH  
3.3 STREET ADDRESS 1615 S. CONGRESS AVE., SUITE 200  
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1615 S. CONGRESS AVE., SUITE 200  
4.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-22-97 (561) 243-2134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0290826

CR2E034 (9/96)