

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90292 006 ***150.00

DOCUMENT # H54085

1. Corporation Name

VERO DUNES VENTURER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1615 S CONGRESS AVE
SUITE 200
DELRAY BEACH FL 33445
US

Mailing Address
1615 S CONGRESS AVE
SUITE 200
DELRAY BEACH FL 33445
US

3. Date Incorporated or Qualified

04/26/1985

4. FEI Number

25-1513428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business
21 2381 EXECUTIVE CENTER DR.
Suite, Apt. #, etc.
22
City & State
23 BOCA RATON, FL
Zip Country
24 33431 25 USA
26 2381 EXECUTIVE CENTER DR.
Suite, Apt. #, etc.
27
City & State
28 BOCA RATON, FL
Zip Country
29 33431 30 USA

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	DUNLAP, ALBERT J.	1615 S CONGRESS AVE SUITE 200	DELRAY BEACH FL 33445	<input checked="" type="checkbox"/>
V	TOTTE, ROBERT P	1615 S CONGRESS AVE, SUITE 200	DELRAY BEACH FL 33445	<input type="checkbox"/>
TD	KERSH, RUSSELL A	1615 S CONGRESS AVE SUITE 200	DELRAY BEACH FL 33445	<input checked="" type="checkbox"/>
SD	FANNIN, DAVID	1615 S CONGRESS AVE SUITE 200	DELRAY BEACH FL 33445	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	PAUL E. SHAPIRO	2381 EXECUTIVE CENTER DRIVE	BOCA RATON, FL 33431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT & TREASURER	Robert P. TOTTE	2381 EXECUTIVE CENTER DRIVE	BOCA RATON, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT & SECRETARY	JANET G. KELLEY	2381 EXECUTIVE CENTER DRIVE	BOCA RATON, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT & TREASURER	RONALD R. RITZGER	2381 EXECUTIVE CENTER DRIVE	BOCA RATON, FL 33431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSISTANT SECRETARY	CHERYL H. O'HARA	2381 EXECUTIVE CENTER DRIVE	BOCA RATON, FL 33431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-99

661-912-4441

CR2E034 (11/98)