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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

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

2. Principal Place of Business
21 2381 EXECUTIVE CENTER DR. SUITE, Apt. #, etc.

2a. Mailing Address
26 2381 EXECUTIVE CENTER DR. SUITE, Apt. #, etc.

4. FEI Number
25-1513428

Applied For
 Applied For
 Not Applicable

22. City & State
23 BOCA RATON, FL

27. City & State
28 BOCA RATON, FL

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

24. Zip Country
24 33431 25 USA

29. Zip Country
29 33431 30 USA

6. Election Campaign Financing Trust Fund Contribution
 \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.
 Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNLAP, ALBERT J.	1.2 NAME	PAUL E. SHAPIRO
STREET ADDRESS	1615 S CONGRESS AVE SUITE 200	1.3 STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT & TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTTE, ROBERT P	2.2 NAME	ROBERT P. TOTTE
STREET ADDRESS	1615 S CONGRESS AVE, SUITE 200	2.3 STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT & SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSH, RUSSELL A	3.2 NAME	JANET G. KELLEY
STREET ADDRESS	1615 S CONGRESS AVE SUITE 200	3.3 STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE
CITY-ST-ZIP	DELRAY BEACH FL 33445	3.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANNIN, DAVID	4.2 NAME	RONALD R. RITLGER
STREET ADDRESS	1615 S CONGRESS AVE SUITE 200	4.3 STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE
CITY-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CHERYL H. O'HARA
STREET ADDRESS		5.3 STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Robert P. Totte** **SIGNATURE REQUIRED** **3-22-99** **661-912-4441**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)