

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 03, 2009
Secretary of State

DOCUMENT# N02000003769

Entity Name: VILLAGE WALK SOUTH OF VERO BEACH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**602 6TH AVENUE
VERO BEACH, FL 32962**New Principal Place of Business:****Current Mailing Address:**602 6TH AVENUE
VERO BEACH, FL 32962**New Mailing Address:****FEI Number:** 56-2322395**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**COBURN, DEBRA
COBURN & COMPANY
602 6TH AVENUE
VERO BEACH, FL 32962 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: MCKINLEY, ROBERT
Address: 667 5TH AVENUE
City-St-Zip: VERO BEACH, FL 32962**Title:** S () Delete
Name: COLLINS, THOMAS
Address: 545 6TH LANE
City-St-Zip: VERO BEACH, FL 32962**Title:** V () Delete
Name: FONTANA, SANDRA
Address: P.O. BOX 650635
City-St-Zip: VERO BEACH, FL 32965**Title:** T () Delete
Name: CONITS, BARB
Address: 445 E WAVERLY PLACE, #6A
City-St-Zip: VERO BEACH, FL 32960**Title:** D () Delete
Name: HANNER, MIKE
Address: 613 5TH AVENUE
City-St-Zip: VERO BEACH, FL 32962**Title:** D () Delete
Name: SCHULTE, HENRY
Address: 538 6TH STREET
City-St-Zip: VERO BEACH, FL 32962**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: FONTANA, SANDRA
Address: P.O. BOX 650635
City-St-Zip: VERO BEACH, FL 32965**Title:** S/VP (X) Change () Addition
Name: COLLINS, THOMAS
Address: 545 6TH LANE
City-St-Zip: VERO BEACH, FL 32962**Title:** D (X) Change () Addition
Name: QUEST, STEPHEN
Address: 665 5TH AVENUE
City-St-Zip: VERO BEACH, FL 32962**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA COBURN

R/A

09/03/2009

Electronic Signature of Signing Officer or Director

Date