

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005862

1. Entity Name
3402-26 OCEAN DRIVE, VERO BEACH, CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
3426 OCEAN DRIVE
VERO BEACH, FL 32963

Mailing Address
3426 OCEAN DRIVE
VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-2369906

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUER, E. STEVEN P.A.
3426 OCEAN DRIVE
VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAUER, E. STEVEN
STREET ADDRESS P.O. BOX 3343
CITY-ST-ZIP VERO BEACH, FL 329643343

TITLE D
NAME BASSINI, GUY
STREET ADDRESS 3418 OCEAN DR
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D
NAME BASSINI, WENDY
STREET ADDRESS 3418 OCEAN DR
CITY-ST-ZIP VERO BEACH, FL 329643343

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000173699
01/07/05-80029-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **E. Steven Lauer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05
Date

772-234-4200
Daytime Phone #