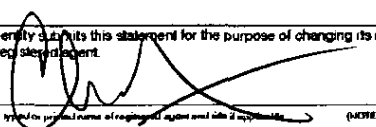
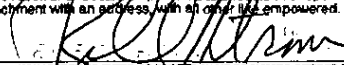


FILED

03 JUN -6 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N03000000025			
1. Entity Name EAGLE TRACE PROPERTY OWNERS' ASSOCIATION OF VERO BEACH, INC.			
Principal Place of Business C/O 2921 NW 6 AVE MIAMI, FL 33127		Mailing Address C/O 2921 NW 6 AVE MIAMI, FL 33127	
2. Principal Place of Business 6915 RED RD Suite, Apt. #, etc. #222		3. Mailing Address 6915 RED RD Suite, Apt. #, etc. #222	
City & State CORAL GABLES FL		City & State CORAL GABLES FL	
Zip 33143		Zip 33143	
Country DADE		Country DADE	
4. FEI Number NONE		Applied For Not Applicable	
5. Certificate of Status Desired X		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, J. ATWOOD III 6070 N HWY A-1-A SUITE 200 VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name CHRIS ASTROM Street Address (P.O. Box Number is Not Acceptable) 6915 RED RD #222 City CORAL GABLES FL Zip Code 33143	
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 		6/3/03	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	ASTROM, RICHARD	TITLE D	ASTROM, CHRISTOPHER
STREET ADDRESS 2921 NW 6 AVE	MIAMI, FL 33127	STREET ADDRESS 2921 NW 6 AVE	MIAMI, FL 33127
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE D	GUTIERREZ, BRAULIO	TITLE D	
STREET ADDRESS 2921 NW 6 AVE	MIAMI, FL 33127	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE D		TITLE D	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE D		TITLE D	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE D		TITLE D	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		6/03/03	

CHARGE 0.00

21 6/6