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	Mailing Address
C/O 2921 NW 6 AVE MIAMI, FL 33127	C/O 2921 NW 6 AVE MIAMI, FL 33127

2. Principal Place of Business	3. Mailing Address
6915 RED RD	6915 RED RD
Suite, Apt. #, etc. #222	Suite, Apt. #, etc. #222
City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33143 Country DADE	Zip 33143 Country DADE

☑ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
TAYLOR, J. ATWOOD III 6070 N HWY A-1-A SUITE 200 VERO BEACH, FL 32963	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 _____ DATE 6/3/03

(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when executing)

TELEPHONE FEE $ 30.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASTROM, RICHARD 2921 NW 6 AVE MIAMI, FL 33127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300020787045 06/11/03--01071--007 **30.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASTROM, CHRISTOPHER 2921 NW 6 AVE MIAMI, FL 33127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, BRAULIO 2921 NW 6 AVE MIAMI, FL 33127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E031 (10/02)

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 an other like empowered.

SIGNATURE: _____ 6/03/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 6/6