

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003359

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** HIGH HAWK OF VERO PROPERTY OWNERS' ASSOCIATION PHASE TWO, INC.

**Current Principal Place of Business:**

123 QUEENS RD.  
NORTH HUTCHISON ISLAND, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

123 QUEENS RD.  
NORTH HUTCHISON ISLAND, FL 34949

**New Mailing Address:**

**FEI Number:** 20-2411255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRY G. SEGAL, P.A.  
2801 OCEAN DRIVE  
SUITE 204  
VERO BEACH, FL 32963 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: PSD ( ) Delete  
Name: MARCELLO, ROBERT  
Address: 123 QUEENS RD.  
City-St-Zip: NORTH HUTCHISON ISLAND, FL 34949

Title: VTD ( ) Delete  
Name: MARCELLO, RICHARD  
Address: 123 QUEENS RD.  
City-St-Zip: NORTH HUTCHISON ISLAND, FL 34949

Title: D ( ) Delete  
Name: MARCELLO, ANTHONY  
Address: 123 QUEENS RD.  
City-St-Zip: NORTH HUTCHISON ISLAND, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: ROBERT MARCELLO

PSD

04/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date