2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # NOADDOORSAD



FILED Jun 02, 2006 8:00 am Secretary of State

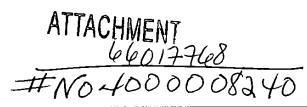
1. Ertity Name WATERSIDE OF VERO BEACH PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address				9 	PPATLIAN			
	OOO BURMA ROAD, SUITE 102 9000 BURMA ROAD, SUITE 102 ALM BEACH GARDENS, FL 33403 PALM BEACH GARDENS, FL 33403					arthu artin fiden fiden		d-1 d d-1994 B) 1994
2. Principal Place of	Business	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #,					04102008 C	ng-NP	CR2E037 (11/	05)
City & State		City & State			4. FEI Number APPLIED FI	0R20-4	459236	Applied For Not Applicable
Zip	Country	Zip	Cour	try	5. Certificate of St	atus Dosirod	□ \$8.75 Fee Re	Additional guired
	Name and Address of Current	Registered Agent		Name	7. Name and Add	ress of New Re	gistered Agent	
	S S OAD, SUITE 102 SARDENS, FL 33403		ļ	Street Address	ss (P.O. Box Number is f	Not Acceptable)		
			[City			FL Zip	Code
The above named the obligations of	entity submits this statement for registered agent.	or the purpose of changing	g its registero	d office or regis	stered agent, or both, in	the State of Flori	ida.) em familiar	with, and accept
SIGNATURE	haved or property reme of recovered econo	and site I economitie	(MOTE: Persented	Address of the contract of the	and when revetations		DATE	
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SIGNATURE: _

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Jules > Minky

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Form SS	SS-4 Application for Employer Identification Number					EIN			
(Rev. Decen	nber 2001)	(For use by employers, corporations, partnerships, trusts, estates, churches,				20-4959236			
Department Treasury	of the	government agencies, Indian tribal entities, certain individuals, and others.)							
	enue Service	► See separate instructions for each line. ► Keep a copy for your records.				our records.	OMB No.	1545-0003	
		ividual) for whom the E EACH PROPERTY OV			NC_				
2 Trade n	ame of business (if d	lifferent from name on I	line 1)		3" Executor, trustee, "care JULES S MINKER	e of" name			
	g address (room, apt BURMA ROAD SUIT	t., suite no. and street, TE 102	or P.O. box)		5a Street address (if different) (Do not enter a P.O. box)				
	4b* City, state, and ZIP code PALM BEACH GARDENS FL 33403 -				5b City, state, and ZIP code				
	and state where prin	ncipal business is tocat State FL	ed				-		
7a Name	of principal officer, go	eneral partner, grantor,	, owner, or tr	ustor	76 SSN, ITIN, EIN				
Sole Pr Partner Corpor Person Church	ation (enter form nun at Service or church-controlled conprofit organization	nber to be filed) >	OWNERS AS	SOCIATI	Estate (SSN of dece Plan administrator () Trust (SSN of granto National Guard Farmers' cooperativ REMIC Group Exemption No. ()	SSN) or) State/loc Federal Indian tr	cal government government/mil lbal governmen		
8b if a cor	<u> </u>	state or foreign country		State L		Foreign countr	у		
Fired e Compli	ance with IRS withho specify)	e box and see line 12)	earl		Changed type of organizati Purchased going business Created a trust (specify typ Created a pension plan (sp 11 Closing month of acco	e) ceify type)	···········		
	AUG 23 2004			day, year). A	iote:If applicant is a withhold		}		
income wil	I first be paid to nonr	esident alien. (month,	day, year)					, 	
		es expected in the nex riployees during the pe				Agriculture 0	Household 0	Other 0	
14* Check ☐ Constru ☐ Real ex ☐ Other (uction Rent state Manu			n & warehou	Health care & sing Accommodation Retail		Wholesale-	agent/broker other	
	te principal line of me		fic constructi	on work done	e; products produced; or serv	ices provided.	·		
	the applicant ever ap		identification	number for t	his or any other business?	Гүе	s ₹ No		
16b If you Legal nan Trade nan	ne 🟲	ne 16a, give applicant's	s legal name	and trade na	ame shown on prior application	on if different from lin	e 1 or 2 above.		
	oximate date when, a ate date when filed (ation was file ate where file	d. Enter previous employer id d	lentification number : Previous EIN	if known.		
	Complete section only	if you want to authorize th	he named indi	vidual to receiv	e the entity's EIN and answer qu	estions about the compl	letion of this form		
Third Party	Designee's name					Designee's to	lephone number ((include area code	
Designee	Address and ZIP co	I ZIP code				() - Designee's fa	Designee's fax number (include area code)		
Under pena correct, and		that I have examined this	application, a	and to the best	of my knowledge and belief, it is		ephone number (i	nctude area code)	



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2006

WATERSIDE OF VERO BEACH PROPERTY OWNERS ASSOCIATION, IN 9000 BURMA ROAD, SUITE 102 PALM BEACH GARDENS, FL 33403

Subject: WATERSIDE OF VERO BEACH PROPERTY OWNERS ASSOCIATION,

Reference Number

N04000008240

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION