

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90210 016 ****61.25

DOCUMENT # N04000008240 1. Entity Name WATERSIDE OF VERO BEACH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 9000 BURMA ROAD, SUITE 102 PALM BEACH GARDENS, FL 33403				Mailing Address 9000 BURMA ROAD, SUITE 102 PALM BEACH GARDENS, FL 33403	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MINKER, JULES S 9000 BURMA ROAD, SUITE 102 PALM BEACH GARDENS, FL 33403				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINKER, JULES S		NAME		
STREET ADDRESS	9000 BURMA ROAD, SUITE 102		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33403		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPMAN, DEBORAH		NAME		
STREET ADDRESS	9000 BURMA ROAD, SUITE 102		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33403		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURSON, ROBERT A		NAME		
STREET ADDRESS	PO BOX 1620		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL 34995		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			Jules S Minker		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date		
			5617755660		
			<small>Daytime Phone #</small>		

66011100



04102008 Chg-NP CR2E037 (11/05)

4. FBI Number
APPLIED FOR **20-4959236** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

FL Zip Code

ATTACHMENT
66017768
#NO-4000008240

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-4959236 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested WATERSIDE OF VERO BEACH PROPERTY OWNERS ASSOCIATION INC		
2 Trade name of business (if different from name on line 1)		3* Executor, trustee, "care of" name JULES S MINKER
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 9000 BURMA ROAD SUITE 102		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
6* County and state where principal business is located County PALM BEACH State FL		
7a Name of principal officer, general partner, grantor, owner, or trustor		7b SSN, ITIN, EIN
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ HOMEOWNERS ASSOCIATI <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ </div> <div> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </div> </div>		
8b If a corporation, name the state or foreign country (if applicable) where incorporated State FL Foreign country		
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>REAL eSTATE</u> <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </div> </div>		
10* Date business started or acquired (month, day, year) AUG 23 2004		11 Closing month of accounting year
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶		
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0-0"</i> ▶		<div style="display: flex; justify-content: space-around;"> <div>Agriculture 0</div> <div>Household 0</div> <div>Other 0</div> </div>
14* Check box that best describes the principal activity of your business <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Construction</div> <div style="width: 33%;"><input type="checkbox"/> Rental & leasing</div> <div style="width: 33%;"><input type="checkbox"/> Transportation & warehousing</div> <div style="width: 33%;"><input type="checkbox"/> Health care & social assistance</div> <div style="width: 33%;"><input type="checkbox"/> Accommodation & food service</div> <div style="width: 33%;"><input type="checkbox"/> Wholesale-agent/broker</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Real estate</div> <div style="width: 33%;"><input type="checkbox"/> Manufacturing</div> <div style="width: 33%;"><input type="checkbox"/> Finance & insurance</div> <div style="width: 33%;"><input type="checkbox"/> Retail</div> <div style="width: 33%;"><input type="checkbox"/> Wholesale-other</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify)</div> </div>		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. HOMEOWNERS ASSOCIATION		
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. <div style="display: flex; justify-content: space-between;"> <div>Approximate date when filed (month, day, year)</div> <div>City and state where filed</div> <div>Previous EIN</div> </div>		
Third Party Designee	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form	
	Designee's name Address and ZIP code	Designee's telephone number (include area code) () - Designee's fax number (include area code) () -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)



ATTACHMENT

66017768

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 **has not been filed** 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

*Note -
This was received
on May 3, 2006*