


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90064 008 ****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

DO NOT WRITE IN THIS SPACE



07032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4959236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINKER, JULES S
 9000 BURMA ROAD, SUITE 102
 PALM BEACH GARDENS, FL 33403

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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 reinstating) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MINKER, JULES S 9000 BURMA ROAD, SUITE 102 PALM BEACH GARDENS, FL 33403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURSON, ROBERT A PO BOX 1620 STUART, FL 34995
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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* 18 July 08 561-775-5660

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