

**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



07032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4959236

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 July 08

Date

561-775-5660

Daytime Phone #