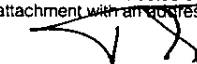


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90010 007 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  |                                                                                                  |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N05000005479</b><br>1. Entity Name<br><b>WESTFIELD OF VERO HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                  |                                                                                                  |  |  |
| Principal Place of Business<br><b>300 EAST NEW HAVEN AVE.<br/>MELBOURNE, FL 32901</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                  |                                                                                                  | Mailing Address<br><b>300 EAST NEW HAVEN AVE.<br/>MELBOURNE, FL 32901</b>         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | 3. Mailing Address                                                               |                                                                                                  |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Suite, Apt. #, etc.                                                              |                                                                                                  |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | City & State                                                                     |                                                                                                  |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                         | Zip                                                                              | Country                                                                                          | 4. FEI Number<br><b>20-2970646</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                  |                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  | 7. Name and Address of New Registered Agent                                                      |                                                                                   |  |
| <b>PENCE, ROY J<br/>300 EAST NEW HAVEN AVE.<br/>MELBOURNE, FL 32901</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                               |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  | State <b>FL</b> Zip Code                                                                         |                                                                                   |  |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                  |                                                                                                  |                                                                                   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                  | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                  |                                                                                                  |                                                                                   |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>PENCE, ROY J</b>             |                                                                                  | NAME                                                                                             |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>300 EAST NEW HAVEN AVE.</b>  |                                                                                  | STREET ADDRESS                                                                                   |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MELBOURNE, FL 32901</b>      |                                                                                  | CITY - ST - ZIP                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                               | <input type="checkbox"/> Delete                                                  | TITLE                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>PENCE, JAN</b>               |                                                                                  | NAME                                                                                             |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>300 EAST NEW HAVEN AVE.</b>  |                                                                                  | STREET ADDRESS                                                                                   |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MELBOURNE, FL 32901</b>      |                                                                                  | CITY - ST - ZIP                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                               | <input type="checkbox"/> Delete                                                  | TITLE                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ALCOCK, WILLIAM</b>          |                                                                                  | NAME                                                                                             |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>300 EAST NEW HAVEN AVE.</b>  |                                                                                  | STREET ADDRESS                                                                                   |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MELBOURNE, FL 32901</b>      |                                                                                  | 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. |                                 |                                                                                  |                                                                                                  |                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                  | <b>Signature and Typed or Printed Name of Signing Officer or Director</b><br><b>Roy J. Pence</b> |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                  | Date <b>2/24/06</b> Daytime Phone # <b>321-837-0350</b>                                          |                                                                                   |  |