2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT					FILED Mar 01, 2006 8:00 am Secretary of State			
DOCUMENT # N05000005479] ``		6 90010 007 **	
1. Entity Name WESTFIELD OF VERO HOMEOWNERS ASSOCIATION, INC.)	03-01-200	3 30010 007	01.23
Principal Place of Business 300 EAST NEW HAVEN AVE. MELBOURNE, FL 32901 Malling Address 300 EAST NEW HAVEN AVE. MELBOURNE, FL 32901 MELBOURNE, FL 32901					•			
2. Principal P	tace of Business	3. Mailing Address	ailing Address				200 per 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01172006 C	hg-NP	CR2E037 (11/05)
City & State	е	City & State	City & State		4. FEI Number 20 - 29	70646	<u> </u>	Applied For Not Applicable
Zip	Zip Country Zip		Country		5. Certificate of S	tatus Desired	□ \$8.75 A Fee Requ	Additional ired
6. Name and Address of Current Registered Agent				Name	7. Name and Add	iress of New R	egistered Agent	
PENCE, ROY J 300 EAST NEW HAVEN AVE.				Street Address (P.O. Box Number is Not Acceptable)				
MELBOURNE, FL 32901								
				City	FL Zip Code			
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a			ed office or registi		the State of Flo	rida. I am tamiliar wi	th, and accept
			npaign Financing Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	ÖFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICER	RS AND DIRECTORS	IN 10
TITLE NAME STREET ADDRESS	D PENCE, ROY J 300 EAST NEW HAVEN AVE.	☐ Delete	TITE NAM STRI			-	☐ Chang	e 🔲 Addition
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY	-ST-ZIP				
TITLE NAME STREET ADDRESS	D PENCE, JAN 300 EAST NEW HAVEN AVE.	☐ Delete	TITE NAM STRI				☐ Chang	e ` 🔲 Addition
CITY-ST-ZIP	MELBOURNE, FL 32901	•		-ST-ZIP				
TITLE NAME	D ALCOCK, WILLIAM	☐ Delete	TITL NAM	E			☐ Chang	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	300 EAST NEW HAVEN AVE. MELBOURNE, FL 32901			ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITL		·		Chang	e Addition
NAME			NAM				_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Detete	TITL				☐ Chang	e 🔲 Addition
NAME	<u> </u>		NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
TITLE		☐ Delete	TITL				☐ Chang	e 🔲 Addition
NAME OTREET ADDRESS			NAM					_
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS -ST-ZIP				
	Lertify that the information supplied with	this filing does not qualify to			d in Chapter 119, Flo	rida 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 except 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 appears, with all other like empowered.

SIGNATURE: