

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002984

FILED
Apr 28, 2009
Secretary of State

Entity Name: VERO VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2945 20TH STREET
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2945 20TH STREET
VERO BEACH, FL 32960

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, PAUL C
2945 20TH STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SCHWARTZ, PAUL C
Address: 2945 20TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: DS () Delete
Name: KERN, JAMES W
Address: 2945 20TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: DV () Delete
Name: KATSIKOS, LEE S
Address: 2945 20TH STREET
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: KERN, JAMES W
Address: 3155 NW 82ND AVENUE, SUITE 101
City-St-Zip: MIAMI, FL 33187

Title: DV (X) Change () Addition
Name: KATSIKOS, LEE S
Address: 3155 NW 82ND AVENUE, SUITE 101
City-St-Zip: MIAMI, FL 33187

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SCHWARTZ

DPT

04/28/2009

Electronic Signature of Signing Officer or Director

Date