2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2006 8:00 am DOCUMENT # N18344 **Secretary of State** 03-14-2006 90018 027 ****61.25 VERO GLEN HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address % MR E TALBOT % MR E TALBOT 125 32ND CT SW VERO BEACH FL 32968-3129 125 32ND CT SW VERO BEACH FL 32968-3129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State . ._ 4. FEI Number Applied For 65-0057137 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TALBOT, EDWARA 125 32ND CT S W Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32968 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Change ☐ Addition EDWARA, TALBOT NAME NAME 125 32ND CT S W STREET ADDRESS STREET ADDRESS VERO BEACH FL 32968 CITY-S1-ZIP CITY-ST-ZIP **TSD** Delete TITLE TITLE ☐ Addition DAMON, D M NAME NAME STREET ADDRESS 135 32ND CT SW STREET ADDRESS VERO BCH FL 32968 CITY-ST-ZIP CITY-ST-ZIP SD Change TITLE ☐ Delete TITLE Addition NAME TALBOT, ANNE M NAME 1125 328D CT SW STREET ADDRESS STREET ADDRESS VERO BEACH FL 32968 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED