

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N22446** (1)

1. Corporation Name

**LAKE IN THE WOODS AT VERO BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**SHOREWIND MANAGEMENT  
333 17TH ST. STE. #2R  
VERO BEACH FL 32960**

**SHOREWIND MANAGEMENT  
333 17TH ST. STE. #2R  
VERO BEACH FL 32960**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**09/10/1987**

3a. Date of Last Report  
**05/23/1995**

4. FEI Number  
**59-2793180**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**REXFORD, SARA  
333 17TH ST.  
STE. #2R  
VERO BEACH FL 32960**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and board official

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HESSEE, CLAUDE	
STREET ADDRESS	1990 WATERFORD DR.	
CITY - ST - ZIP	VERO BEACH FL 32966	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLEYER JULIAN	
STREET ADDRESS	1904 WESTMINSTER CIRCLE #2	
CITY - ST - ZIP	VERO BEACH FL 32966	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRIGHTMAN, BRAD	
STREET ADDRESS	1965 WESTMINSTER CIRCLE #2	
CITY - ST - ZIP	VERO BEACH FL 32966	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROLLINS, BETTY	
STREET ADDRESS	1914 WESTMINSTER CIRCLE #4	
CITY - ST - ZIP	VERO BEACH FL 32966	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLEM, ROBERT	
STREET ADDRESS	1904 WESTMINSTER CIRCLE #3	
CITY - ST - ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Mark Hessee	
3. STREET ADDRESS	1900 Waterford Drive	
4. CITY - ST - ZIP	Vero Beach, FL 32966	
5. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Bleyer, Julian	
7. STREET ADDRESS	1904 Westminster Circle #2	
8. CITY - ST - ZIP	Vero Beach, FL 32966	
9. TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Koster, Herbert	
11. STREET ADDRESS	1934 Westminster Circle	
12. CITY - ST - ZIP	Vero Beach, FL 32966	
13. TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	Heck, Gerry	
15. STREET ADDRESS	1954 Westminster Circle	
16. CITY - ST - ZIP	Vero Beach, FL 32966	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Julian Bleyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Sara Rexford

**3-20-96**

Date

Daytime Phone

CR2E037 (12/95)