

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23081

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** WOODLANDS OF VERO HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

132 40TH CT.  
VERO BEACH, FL 32968 US

**New Principal Place of Business:**

**Current Mailing Address:**

132 40TH COURT  
VERO BEACH, FL 32968 US

**New Mailing Address:**

**FEI Number:** 59-2872826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEMPSEY, CHRISTINE M  
132 40TH CT  
VERO BEACH, FL 32968 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:** PRES  
**Name:** KERTESZ, JAYNE  
**Address:** 124 39TH DRIVE  
**City-St-Zip:** VERO BEACH, FL 32968

**Title:** VP  
**Name:** CHAHL, GEORGE  
**Address:** 117 40TH DRIVE  
**City-St-Zip:** VERO BEACH, FL 32968

**Title:** TRES  
**Name:** DEMPSEY, CHRISTINE M  
**Address:** 132 40TH CT  
**City-St-Zip:** VERO BEACH, FL 32968

**Title:** SEC  
**Name:** HODGE, WILLIAM  
**Address:** 113 39TH DRIVE  
**City-St-Zip:** VERO BEACH, FL 32968

**Title:** D  
**Name:** WALSTRUM, JOHN  
**Address:** 117 39TH DRIVE  
**City-St-Zip:** VERO BEACH, FL 32968

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTINE M. DEMPSEY

TRES

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date