


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25397</b> 1. Entity Name <b>VERO SOUTH PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>11216 N.W 7TH ST CORAL SRPINGS, FL 33071 US</b>	Mailing Address <b>11216 N.W 7TH ST CORAL SRPINGS, FL 33071 US</b>
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**DO NOT WRITE IN THIS SPACE**



02142007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0217417</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ALVAREZ, FERNANDO 3259 SOMERSET WESTON, FL 33332</b>
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, FERNANDO 3259 SOMERSET WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTIAGO, DUGUE 11216 N.W. 7TH ST CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALVAREZ, CLAUDIA 3259 SOMERSET WESTON, FL 33332
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03/01/07-80052-007 61.25

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

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2-14-07</b> <sup>954</sup> <b>695-5831</b> <small>Date Daytime Phone #</small>
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