


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90318 020 ****61.25

DOCUMENT # N29459					
1. Entity Name PARK SHORES OF VERO BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PL VERO BEACH, FL 32963 US			Mailing Address C/O ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PL VERO BEACH, FL 32963 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-3522523	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, KAREN 835 20TH PL VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD	NAME KEELY, JOHN	<input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 214C PARK SHOES CIR.	CITY-ST-ZIP VERO BEACH, FL 32963		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME BLEY, WILLIAM	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 221 C PARK SHORES COURT	CITY-ST-ZIP VERO BEACH, FL 32963		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE P	NAME WILHELM, LARRY	<input checked="" type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 215 PARK SHORES CIR	CITY-ST-ZIP VERO BEACH, FL 32963		STREET ADDRESS 220 A Park Shores Cir.	CITY-ST-ZIP Vero Beach, FL 32963	
TITLE VP	NAME MARIEL, ALLSOPP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 214 A PARK SHORES CIRCLE	CITY-ST-ZIP VERO BEACH, FL 32963		STREET ADDRESS 221 A Park Shores Cir.	CITY-ST-ZIP Vero Beach, FL 32963	
TITLE D	NAME MOFFETT, DONALD	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 227C PARK SHOES CIR.	CITY-ST-ZIP VERO BEACH, FL 32963		STREET ADDRESS 212 B Park Shores Cir.	CITY-ST-ZIP Vero Beach, FL 32963	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>W. R. Blum</u>			<u>4/25/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #					

50044281



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