## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 12, 2001 8:00 am <sup>§</sup> Secretary of State DOCUMENT # N41662 1. Entity Name INDIAN OAKS OF VERO HOMEOWNERS ASSOCIATION, INC. 05-12-2001 90041 008 \*\*\*\*61.25 Principal Place of Business Mailing Address 530 47TH AVENUE 530 47TH AVENUE VERO BEACH FL 32968 VERO BEACH FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3480272 Not Applicable Zip Country Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALASCIO, THOM 4625 5TH PLACE VERO BEACH FL 32968 City Zin 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. SIGNATURE yped or printed name of registered agent and title if applicable Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE NAME ALASCIO, THOM NAME STREET ADDRESS STREET ADDRESS 4625 5TH PLACE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Lelly, Kenneth 505 46th Court Vero Beach FL 329 W Change ☐ Addition TITLE TITLE Delete WATSON, GREGG NAME NAME STREET ADDRESS 505 46TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 🖈 Change ☐ Addition SD TITLE TITLE Delete WESTON, JULIE NAME NAME STREET ADDRESS STREET ADDRESS 545 47TH AVENUE 32968 CITY-ST-ZIE CITY-ST-ZIP VERO BEACH FL ☐ Delete Change ■ Addition TITLE TITLE FORD, JUDY NAME NAME STREET ADDRESS STREET ADDRESS 530 47TH AVENUE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the recichanged, or on an attachme er like empowered

SIGNATURE:

Date

Daytime Phone #