2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90010 050 ****61.25

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DOCUMENT # N41662

1. Entity Name

INDIAN OAKS OF VERO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
530 47TH AVENUE VERO BEACH FL 32968	530 47TH AVENUE VERO BEACH FL 32968

DO NOT WRITE IN THIS SPACE

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 59-3480272 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALASCIO, THOM 4625 5TH PLACE VERO BEACH FL 32968	Name Jeanie Shearer Street Address (P.O. Box Number is Not Acceptable) 440 46th Court City Vero Beach FL FL Zip Code 32968

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALASCIO, THOM 4625 5TH PLACE VERO BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP Jeanie Shearer 440 46th Court Vero Beach FL 32968	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LELLY, KENNETH 505 46TH COURT VERO BEACH FL 32968	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Quentin Voyles 445 46th Court Vero Beach FL 32968	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NORRIS, BEVERLY 520 46TH COURT VERO BEACH FL 32968	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FORD, JUDY 530 47TH AVENUE VERO BEACH FL 32968	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED _____ 3/20/02 772-794-4605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #