FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -3 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48498 (2)

1. Corporation Name
SEASIDE OF VERO BEACH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4195 VERO BEACH FL 32964	P.O. BOX 4195 VERO BEACH FL 32964

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1992
3a. Date of Last Report: 05/27/1994
4. FEI Number: 65-0486549 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALLIK, DEBORAH
1311 SEA HAWK LANE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Deborah O. Allik 1/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BRUNO, LARRY	1.2 NAME	Bruno, Larry	
STREET ADDRESS	1230 GLENNWOOD DRIVE., APT. #6	1.3 STREET ADDRESS	2245 Seaside Street	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	Vero Beach, Florida 32963	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	GIAMMANCO, JOHN	2.2 NAME		
STREET ADDRESS	2210 SEASIDE STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	ALLIK, DEBORAH	3.2 NAME		
STREET ADDRESS	1311 SEA HAWK LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SHAULIS, RAJU	4.2 NAME	Shaulis, Raju	
STREET ADDRESS	40 ROYAL PALM WAY, SUITE #167	4.3 STREET ADDRESS	2250 Seaside Street	
CITY-ST-ZIP	VERO BEACH FL 32960	4.4 CITY-ST-ZIP	Vero Beach, Florida 32963	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCAFFREY, CHARLES G III	5.2 NAME		
STREET ADDRESS	14 EAST MALL PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	CARNEGIE PA 15243	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	T	☐ Change ☐ Addition
NAME		6.2 NAME	Marie Giammanco	
STREET ADDRESS		6.3 STREET ADDRESS	2210 Seaside Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Vero Beach, Florida 32963	-1213

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah O. Allik 1/30/95 407-231-9517
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036040