


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N48498	
1. Entity Name SEASIDE OF VERO BEACH HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 4195 VERO BEACH, FL 32964	Mailing Address P.O. BOX 4195 VERO BEACH, FL 32964
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0486549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FANARO, RONALD S 2245 SEASIDE ST VERO BEACH, FL 32963	DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000634208 04/17/07-80009-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, TOM 2225 SEASIDE STREET VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NICK, SAMILO 2240 SEASIDE STREET VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLIK, MIKE 2260 SEASIDE STREET VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FANARO, RON 2245 SEASIDE STREET VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLIK, DEBORAH 2260 SEASIDE STREET VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Ron Fanaro* **Ron Fanaro** **4/12/07** **772-569-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #