


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90067 043 \*\*\*\*61.25

**DOCUMENT # N97000005049**

1. Entity Name  
 VERO COLONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3505 OCEAN DRIVE VERO BEACH, FL 32963 US	Mailing Address 3505 OCEAN DRIVE VERO BEACH, FL 32963 US
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0835547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JOHN E JR  
 3505 OCEAN DRIVE  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P TAYLOR, JOHN E JR 3505 OCEAN DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,V TERRY, CHARLOTTE 3507 OCEAN DR. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T PRIETO, DONNA M 3505 OCEAN DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMONS, DOTTIE 3501 OCEAN DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWIERING, JAMES 3509 OCEAN DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, GEORGE 3505 OCEAN DRIVE VERO BEACH, FL 32963

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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 file 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_