

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N99000001890**

1. Entity Name  
**CARLTON VERO BEACH COMMUNITY ASSOCIATION,  
INC.**



Principal Place of Business  
**1 BEACH CLUB PLACE  
VERO BEACH, FL 32963**

Mailing Address  
**1 BEACH CLUB PLACE  
VERO BEACH, FL 32963**

**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0950027**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DISTL, DOUGLAS G  
ONE BEACH CLUB PL  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	BERTOCCHI, AL
STREET ADDRESS	100 OCEAN VIEW LANE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	P
NAME	DAVIES, TED
STREET ADDRESS	600 BEACHVIEW DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VP
NAME	COONEY, ROBERT
STREET ADDRESS	400 BEACH VIEW DR
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	WOLFARTH, AL
STREET ADDRESS	300 BEACHVIEW DR, 3N
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	S
NAME	HARTMANN, BOB
STREET ADDRESS	100 BEACHVIEW DR PH S
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000897887  
04/25/08-80066-011 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-08