

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001890

FILED
Mar 25, 2009
Secretary of State

Entity Name: CARLTON VERO BEACH COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1 BEACH CLUB PLACE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

1 BEACH CLUB PLACE
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 65-0950027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISTL, DOUGLAS G
ONE BEACH CLUB PL
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BERTOCCHI, AL
Address: 100 OCEAN VIEW LANE
City-St-Zip: VERO BEACH, FL 32963

Title: P () Delete
Name: DAVIES, TED
Address: 600 BEACHVIEW DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete
Name: COONEY, ROBERT
Address: 400 BEACH VIEW DR
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: WOLFARTH, AL
Address: 300 BEACHVIEW DR, 3N
City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete
Name: HARTMANN, BOB
Address: 100 BEACHVIEW DR PH S
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: COLEMAN, RICHARD
Address: 200 BEACHVIEW DRIVE, 2N
City-St-Zip: VERO BEACH, FL 32963

Title: P (X) Change () Addition
Name: DAVIES, TED
Address: 600 BEACHVIEW DRIVE, 3N
City-St-Zip: VERO BEACH, FL 32963

Title: VP (X) Change () Addition
Name: COONEY, ROBERT
Address: 400 BEACH VIEW DR, 2N
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED DAVIES

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date