2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 8:00 am Secretary of State

DOCUMENT # N99000006568 1. Subjected Property Owners ASSOCIATION, INC. Principal Place of Business Mailing Address 835 2011 PLACE 85-037758 1000 PLACE 100		AMMOAL	KEFOILI								
### 2350H PAKE ### VERO BEACH, FL 32950 ### 250 DE PARCE ### VERO BEACH, FL 32950 ### 250 DE PARCE ### 2350 DE PARCE ### 250 DE PARCE ### 25	1. Entity Nan	ne					07-2005 9	:* 10278 035 :-	***61.2		
Salte, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. O1192005 Chg.NP CR2E037 (10/C3) City & State City & State 4. FEI Number 65-09/72/758 Applicable 65-09/72/758 Applicable 65-09/72/758 Applicable 767-09/758 Applicable 767-09/75/758 Applicable 768-09/72/758 A	835 20TH P	LACE _	835 20TH PLACE	35 20TH PLACE							
City & State City & FL Zip Code Street Address of Currient Registered Agent The above named centry submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of ringiletted agent. Signatures Signatures Signatures Signatures Signatures Signatures City FL Zip Code City FL	2. Principal F	Place of Business	3. Mailing Address	GS .							
Second Process Seco	Suite, Apt.	#, etc.	Suite, Apt. #. etc.			01192005 Chg-NP CR2E037 (10/03)					
S. Certificate of Status Desired - Fee Required Nome Street Address of New Registered Agent City FL Zip Code City Fling Fee Is \$41.25 Due by May 1, 2005 Fling Fee Is \$41.25 Due by May 1, 2005 Fling Fee Is \$41.25 Due by May 1, 2005 Fling Fee Is \$41.25 Due by May 1, 2005 Fling Fee Is \$41.25 City Fling Fee Is \$41.25 Due by May 1, 2005 Fling Fee Is \$41.25 City Fee Required Foe Required For registered Agent, or both, in the State of Florida, I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept the ceregisterize agent, or both, in the State of Florida. I am familiar with, and accept	City & Stat	te					8				
Name Signature	Zip 			Country				Fee	Required		
Street Andress (P.O. Box Number is Not Acceptable) Street Andress (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	None							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Signature prod or printer name of replaced agent and the 1 apphable. Printing Fee is \$61.25 Due by May 1, 2005 Printing Fee is \$61.25 Due by May 1, 2005 Printing Fee is \$61.25 Due by May 1, 2005 STRIF ADDRESS OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRESIDENT PRESIDENT Defice THE ARRIE ADDRESS CITY-ST-2P VERO BEACH, FL 328612062 CITY-ST-2P VERO BEACH, FL 328612062 CITY-ST-2P Defice THE NAME STRIF ADDRESS CITY-ST-2P Defice DEFICERS AND DIRECTORS AND	835 20TH										
SIGNATURE Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution		City	City FL Zip Code								
Signature, typied or primed name of registered digent and the 1 applicable CNOTE. Registration Apper signature requires when retreature;) DATE			the purpose of changing its	registered office o	or register	ed agent, or both, in	the State of Fl	orida. I am fami	liar with, a	and accept	
Trust Fund Contribution Accel to Fees Floride Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE		Signature, typed or printed name of registered agent	and title if applicable	E: Registered Agent signs	obrigon surfe	when reinstating)		DATE			
TITLE NAME CHASE, DAVID B CHASE, DAVID B CHASE, DAVID B STREET ADDRESS CITY-ST-2P VERO BEACH, FL 329612062 TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET AD		-	I			\$5.00 May Be Added to Fees					
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TITLE VD Delete TITLE NAME MARKLEY, JOHN STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 329612062 TITLE SD ROBINSON, PETER STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 329612062 TITLE NAME ROBINSON, PETER STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 329612062 TITLE NAME ROBINSON, PETER STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 329612062 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 329612062 TITLE NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 329612062 TITLE NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 329612062 TITLE NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 329612062 TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 329612062 TITLE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32961200 TITLE STREET ADDRESS CITY-ST-ZIP VERO BEACH,	NAME STREET ADDRESS	CHASE, DAVID B 3201 CARDINAL DR, 2ND FLOO		NAME STREET ADDRESS	ROBO	ERT NICHE	ANE		·	Addition	
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12. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), 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	NAME STREET ADDRESS CITY-ST-ZIP	could that the information would	24	NAME STREET ADDRESS CITY-ST-ZIP	t to the first term of the fir	110 07070	wide Chatate	,			

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 officer or 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 OF PRINTED NAME OF SIGNING OFFICER OR DISPECTOR PROFILE OF SIGNING OFFICER OR DISPECTOR PROFILE OF SIGNING OFFICER OR DISPECTOR

794-4290