2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90089 029 ****61.25

DOCUMENT # N00000001101

1. Entity Name
VERANDA V AT HERITAGE OAKS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PROFESSIONAL COMMUNITY SERVICES, LLC 385 INTERSTATE BLVD., BLDG C/I.P.C.C SARASOTA, FL 34240	PROFESSIONAL COMMUNITY SERVICES, LLC 385 INTERSTATE BLVD., BLDG C/I.P.C.C SARASOTA, FL 34240

01272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
ARGUS PROPERTY MGMT, INC	SAME
Suite, Apt. #, etc.: 2477 STICKNEY POINT Rd. 118A	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State
Zip: 34231 Country: USA	Zip Country

4. FEI Number 65-0996328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, CCM, CAM, RON
PROFESSIONAL COMMUNITY SERVICES, LLC
385 INTERSTATE BLVD., BLDG C/I.P.C.C
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name: DARLENE CROSS
Street Address (P.O. Box Number is Not Acceptable): 2477 STICKNEY POINT Rd. 118A
City: SARASOTA FL Zip Code: 34231

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: Darlene Cross 3/8/04
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, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALSH, TOM 5270 HYLAND HILL AVE #1711 SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAZRIN, RICHARD 2603 TRIVOLI TRAIL MCHENRY, IL 60050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HEIDEMENN, STAN 540 SOUTH MADISON LA GRANGE, IL 60525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HUNTER, RONALD E 285 INTERSTATE BLDG., BLD C SARASOTA, FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DARLENE CROSS 2477 Stickney Pt. Rd #118A Sarasota FL. 34231	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: Darlene Cross DARLENE CROSS 3/8/04 941 927-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #