

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90036 026 \*\*\*\*61.25

**40001775**



<b>DOCUMENT # N0000001751</b>					
1. Entity Name VERONA AT DEERING BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13611 DEERING BAY DRIVE MIAMI, FL 33158		Mailing Address 11981 SW 144TH CT STE# 201 MIAMI, FL 33186			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3632763	
				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			7. Name and Address of New Registered Agent		
HYMAN, MICHAEL ESQ 150 W FLAGLER ST #2701 MIAMI, FL 33130			-Name-		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCHSBAUH, FRED		NAME		
STREET ADDRESS	13627 DEERING BAY DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VICG-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODIE, SID		NAME	PAUL WESTER	
STREET ADDRESS	13627 DEERING BAY DRIVE		STREET ADDRESS	13627 DEERING BAY DR	
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ARTHUR		NAME		
STREET ADDRESS	13627 DEERING BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEN, JOSEPH		NAME	DON ELLIOTT	
STREET ADDRESS	13627 DEERING BAY DR		STREET ADDRESS	13627 DEERING	
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, ERIC		NAME		
STREET ADDRESS	13627 DEERING BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Arthur Miller</i>			ARTHUR MILLER Pres 305 284 0040		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		