


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90274 008 \*\*\*\*61.25

<b>DOCUMENT # N00000001751</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	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESTER, PAUL		NAME		
STREET ADDRESS	13627 DEERING BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input 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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOTT, DON		NAME		
STREET ADDRESS	13627 DEERING BAY DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP		
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 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.					
<b>SIGNATURE:</b> <i>Fred Buchsbaum</i> <b>FRED BUCHSBAUM</b>			1/9/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		