

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90115 038 ****61.25

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01022007 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000001751 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 - No P.O. Box # 13627 Deering Bay Drive			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Coral Gables FL			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3632763	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HYMAN, MICHAEL ESQ 150 W FLAGLER ST #2701 MIAMI, FL 33130				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD BUCHSBAUM, FRED <input type="checkbox"/> Delete 13627 DEERING BAY DR CORAL GABLES, FL 33158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRED Buchsbaum <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LESTER, PAUL <input type="checkbox"/> Delete 13627 DEERING BAY DRIVE CORAL GABLES, FL 33158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ARTHUR <input type="checkbox"/> Delete 13627 DEERING BAY DRIVE CORAL GABLES, FL 33158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIOTT, DON <input checked="" type="checkbox"/> Delete 13627 DEERING BAY DR CORAL GABLES, FL 33158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jane Salzman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13627 Deering Bay Dr Coral Gables, FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, ERIC <input type="checkbox"/> Delete 13627 DEERING BAY DRIVE CORAL GABLES, FL 33158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Fred Buchsbaum</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/18/07</u> <small>Daytime Phone #</small>		