



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90064 002 \*\*\*\*70.00

<b>DOCUMENT # N00000003547</b> 1. Entity Name <b>THE VILLAGE AT VERONA LAKES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432</b>				Mailing Address <b>301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432</b>	
2. Principal Place of Business <i>46 JAL Property Mgmt Inc</i>		3. Mailing Address <i>46 JAL Property Mgmt Inc</i>		  01072004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc. <i>803</i>		Suite, Apt. #, etc. <i>203</i>			
City & State <i>Coral Springs FL</i>		City & State <i>Coral Springs FL</i>			
Zip <i>33065</i>		Zip <i>33065</i>			
Country <i>USA</i>		Country <i>USA</i>		4. FEI Number <b>65-1025154</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GLEN MANAGEMENT GLEN MANAGEMENT SERVICES, INC. 301 W CAMINO GARDENS BLVD, #200 BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent Name <i>James Calderazzo</i> Street Address (P.O. Box Number is Not Acceptable) <i>46 JAL Property Mgmt Inc</i> <i>10191 W. Sample Rd Suite 203</i> City <i>Coral Springs</i> <b>FL</b> Zip Code <i>33065</i>	
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 <i>James Calderazzo</i> <small>Signature typed or printed name of registered agent, and date if applicable.</small>				DATE <i>4/1/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</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 NAME STREET ADDRESS CITY-ST-ZIP	PD DRUCKMAN, ELLEN 301 W CAMINO GARDENS BLVD, #200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KORN, DANIEL 301 W CAMINO GARDENS BLVD, #200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TREMBLAY, MARIO 301 W CAMINO GARDENS BLVD, #200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		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
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
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 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>Elle Druckman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	