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BURNS, ALAN R

FT. MYERS, FL 33912

HUNTER, RONALD E

SARASOTA, FL 34240

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385 INTERSTATE BLVD BLDG C

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90044 014 ****61.25 **DOCUMENT # N01000005232** VERANDA VIII AT HERITAGE OAKS ASSOCIATION, INC. 94058787 Principal Place of Business Mailing Address PROFESSIONAL COMMUNITY SERVICES PROFESSIONAL COMMUNITY SERVICES 385 INTERSTATE BLVD. BLDG C 385 INTERSTATE BLVD, BLDG C SARASOTA, FL 34240 SARASOTA, FL 34240 3. Mailing Address Principal Place of Business Suite, Apt. #, etc 01272004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-1150658 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.: Name and Address of New Registered Agent HUNTER, RON PROFESSIONAL COMMUNITY SERVICES 385 INTERSTATE BLVD BLDG C SARASOTA, FL 34240 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. \$1 5 04 DARLENE CROSS SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make check payable to Filing Fee Is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. X Addition TITLE Delete TITLE ☐ Change ALLEGRA, ROBERT T Sue Le Blane NAME NAME 5280 Hyland Hills Aved 1824 STREET ADDRESS **5280 HYLAND HILLS 1824** STREET ADDRESS SARASOTA, FL 34241 CITY-ST-ZIP Scasota FL. 34241 CITY-ST-ZIP TITLE Delete TITLE UP. **Addition** David Turn bull DANNA, CHARLES JR NAME NAME 325 INTERSTATE BLVD. STREET ADDRESS STREET ADDRESS 5310 Hyland Hill Ave #2121 SARASOTA, FL 34240 CITY-ST-ZIP CITY-ST-ZIP FL. 34241

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12. Thereby 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #	7