

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91795 027 \*\*\*\*61.25

**DOCUMENT # N01000005232**

1. Entity Name  
**VERANDA VIII AT HERITAGE OAKS ASSOCIATION, INC.**



Principal Place of Business

**325 INTERSTATE BLVD.  
SARASOTA FL 34240**

Mailing Address

**325 INTERSTATE BLVD.  
SARASOTA FL 34240**



Professional Community Services, LLC Professional Community Services, LLC  
Interstate Park Corporate Center Interstate Park Corporate Center  
385 Interstate Blvd. Bldg. C 385 Interstate Blvd. Bldg. C  
Sarasota, FL 34240 Sarasota, FL 34240

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1150658**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SWALM & BOURGEOU, P.A.  
2375 TAMiami TRAIL N., SUITE 308  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

**Ron Hunter, CCM, CAM  
Professional Community Services, LLC  
Interstate Park Corporate Center  
385 Interstate Blvd. Bldg. C  
Sarasota, FL 34240**

**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

*Ronald E. Hunter* **RONALD E. HUNTER**

**04-22-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE<br>NAME  | <b>D</b><br><b>ALLEGRA, ROBERT T</b> | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>325 INTERSTATE BLVD.</b>          |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL 34240</b>             |                                 |
| TITLE<br>NAME  | <b>D</b><br><b>DANNA, CHARLES JR</b> | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>325 INTERSTATE BLVD.</b>          |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL 34240</b>             |                                 |
| TITLE<br>NAME  | <b>D</b><br><b>BURNS, ALAN R</b>     | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>10481 6 MILE CYPRESS PKWY.</b>    |                                 |
| CITY-ST-ZIP    | <b>FT. MYERS FL 33912</b>            |                                 |
| TITLE<br>NAME  |                                      | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE<br>NAME  |                                      | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE<br>NAME  |                                      | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                             |                                                                              |
|----------------|---------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME  | <b>D</b><br><b>LeBlanc, Susan</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <b>5280 Wyland Hills #1824</b>              |                                                                              |
| CITY-ST-ZIP    | <b>Sarasota FL 34241</b>                    |                                                                              |
| TITLE<br>NAME  | <b>ASST SECY</b><br><b>HUNTER, RONALD E</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <b>385 INTERSTATE BLVD BLDG C</b>           |                                                                              |
| CITY-ST-ZIP    | <b>SARASOTA, FL 34240</b>                   |                                                                              |
| TITLE<br>NAME  |                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                             |                                                                              |
| CITY-ST-ZIP    |                                             |                                                                              |
| TITLE<br>NAME  |                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                             |                                                                              |
| CITY-ST-ZIP    |                                             |                                                                              |
| TITLE<br>NAME  |                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                             |                                                                              |
| CITY-ST-ZIP    |                                             |                                                                              |
| TITLE<br>NAME  |                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                             |                                                                              |
| 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:

*Ronald E. Hunter* **RONALD E. HUNTER**

**941-343-9342**

**04/22/03**

CR2E037 (10/02)