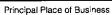
2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N05000005594

VERÁNO AT DELRAY CONDOMINIUM ASSOCIATION,

INC.



1805 PALM COVE BLVD DELRAY BEACH, FL 33445 Mailing Address

1805 PALM COVE BLVD DELRAY BEACH, FL 33445

FILED Mar 13, 2008 08:00 A Secretary of State



02292008 No Chg-NP

CR2E037 (4/06)

4. FEI Number	- i	Applied For
20-2917931		Not Applicable
5. Certificate of Status Desired	\$8.7	5 Additional

6. Name and Address of Current Registered Agent

CAPLAN, LOUIS ESQ 301 YAMATO ROAD SUITE 4150 BOCA RATON, FL 33431

DO NOT WRIT IN THIS SPACE

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.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finan Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	4	7 4 1 1 1 1 1 1 1 1 1 1 1 1 1	在世界世界位	1 (4) (4) (4)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSHER, JEREMY 1845 PALM COVE BLVD UNIT 106 DELRAY BEACH, FL 33445					957219		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LISPI, LAUREN 1740 PALM COVE BLVD UNIT 308 DELRAY BEACH, FL 33445		and the second s		1 03/31/08 1 03/31/08 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8000\$-007*	11.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEGIBOW, JASON 1845 PALM COVE BLVD UNIT 308 DELRAY BEACH, FL 33445			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	AGE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY- ST-ZIP								
12. Thereby (certify that the information supplied with this f	iling does not qualify for the exe	emptions cor	itained in Chaptér 11	9, Fiorida Statutes. I i	iurther certify that the	ie 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 pher like empowered.

SIGNATURE: