


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N05000005594

1. Entity Name
VERANO AT DELRAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1805 PALM COVE BLVD DELRAY BEACH, FL 33445	Mailing Address 1805 PALM COVE BLVD DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2917931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSHER, JEREMY 1845 PALM COVE BLVD UNIT 106 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LISPI, LAUREN 1740 PALM COVE BLVD UNIT 308 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEGIBOW, JASON 1845 PALM COVE BLVD UNIT 308 DELRAY BEACH, FL 33445
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 03/31/08-80005-007-61.25

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:  **3/3/08** **561-400-3737**

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