2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N06000003438

Entity Name: VERANO PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9700 RESERVE BLVD
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

9700 RESERVE BLVD
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-4608278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CSAPO, JOHN
Address: 1601 FORUM PLACE SUITE 805
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DVS ( ) Delete
Name: CHOROST, AARON
Address: 9700 RESERVE BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DT ( ) Delete
Name: VOLLER, KEVIN
Address: 1601 FORUM PLACE, SUITE 805
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S (X) Delete
Name: IEROPOLI, LARRY
Address: 9700 RESERVE BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change ( ) Addition
Name: FROMM, ROBERT
Address: 1601 FORUM PLACE STE 805
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN VOLLER DT 04/29/2009

Electronic Signature of Signing Officer or Director — Date