

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90295 023 ****61.25

DOCUMENT # N04000001459						
1. Entity Name VERONAWALK HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 4500 PGA BLVD STE 400 PALM BCH GARDENS, FL 33418			Mailing Address 4500 PGA BLVD STE 400 PALM BCH GARDENS, FL 33418			
2. Principal Place of Business		3. Mailing Address 1044 Castello Drive				
Suite, Apt. #, etc.		Suite, Apt. #, etc. #206				
City & State		City & State Naples, FL				
Zip	Country	Zip 34103	Country USA			
4. FEI Number 56-2440461				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHANNON, WILLIAM E 4500 PGA BLVD STE 400 PALM BCH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name: JOHN OLINGER Street Address (P.O. Box Number is Not Acceptable): 4500 PGA BLVD STE 400 City: Palm Bch Gardens FL Zip Code: 33418			
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: <i>John Olinger, as Secretary</i> <small>(Signature, typed or printed name of registered agent and title if applicable)</small>				DATE: 4/6/2005		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE DP	NAME ROSEN, MICHAEL D		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4500 PGA BLVD STE 400	CITY - ST - ZIP PALM BCH GARDENS, FL 33418			NAME	STREET ADDRESS 4500 PGA BLVD STE 400	
TITLE DV	NAME SCHERMER, REID		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4500 PGA BLVD STE 400	CITY - ST - ZIP PALM BCH GARDENS, FL 33418			NAME	STREET ADDRESS 4500 PGA BLVD STE 400	
TITLE DST	NAME SHANNON, WILLIAM E		<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4500 PGA BLVD STE 400	CITY - ST - ZIP PALM BCH GARDENS, FL 33418			NAME	STREET ADDRESS 4500 PGA BLVD STE 400	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP			NAME	STREET ADDRESS	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP			NAME	STREET ADDRESS	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP			NAME	STREET ADDRESS	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/1/05 Daytime Phone #: 239 594-7400		