## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007110

FILED Feb 12, 2009 Secretary of State

Entity Name: THE VERANDAH'S AT LAKE REEVES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

882 JACKSON AVE 28609 HWY 27 N WINTER PARK, FL 32789 DUNDEE, FL 33838

Current Mailing Address: New Mailing Address:

882 JACKSON AVE P.O. BOX 510 WINTER PARK, FL 32789 DUNDEE, FL 33838

FEI Number: 20-3136713 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JORDAN, BRETT M GARRISON PROPERTY SERVICES, LLC 882 JACKSON AVE GARRISON PROPERTY SERVICES, LLC 28609 HWY 27 N

WINTER PARK, FL 32789 US DUNDEE, FL 33838 US

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: GARRISON PROPERTY SERVICES, LLC 02/12/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 NELSON, JUSTINE
 Name:
 NELSON, JUSTINE

 Address:
 2759 RUTLEDGE CT.
 Address:
 2759 RUTLEDGE CT.

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:
 WINTER HAVEN, FL 33884

Title: VP ( ) Delete Title: TVP (X) Change ( ) Addition Name: BALLARD, MANDY Name: BALLARD, MANDY

 Name:
 BALLARD, MANDY
 Name:
 BALLARD, MANDY

 Address:
 2748 RUTLEDGE CT.
 Address:
 2748 RUTLEDGE CT.

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:
 WINTER HAVEN, FL 33884

Title: TD ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 ALLEN, GARY
 Name:
 ALLEN, GARY

 Address:
 P.O. BOX 1381
 Address:
 P.O. BOX 1381

 City-St-Zip:
 BARTOW, FL 33831
 City-St-Zip:
 BARTOW, FL 33831

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: GARY ALLEN P 02/12/2009