

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001459

Entity Name: VERONAWALK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8090 SORRENTO LANE,
SUITE 1
NAPLES, FL 34114**Current Mailing Address:**8090 SORRENTO LANE,
SUITE 1
NAPLES, FL 34114 US**FEI Number: 56-2440461****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GOEDE, ADAMCZYK, DEBOEST & CROSS, PLLC
6609 WILLOW PARK DRIVE
SECOND FLOOR
NAPLES, FL 34109 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	MILLER, ROBERT
Address	8090 SORRENTO LANE SUITE 1
City-State-Zip:	NAPLES FL 34114

Title	PRESIDENT
Name	MCCAULEY, ANNE
Address	8090 SORRENTO LANE SUITE 1
City-State-Zip:	NAPLES FL 34114

Title	VP
Name	CONTALDI, JOE
Address	8090 SORRENTO LANE, SUITE 1
City-State-Zip:	NAPLES FL 34114

Title	SECRETARY
Name	DEBLASIE, DEBRA
Address	8090 SORRENTO LANE, SUITE 1
City-State-Zip:	NAPLES FL 34114

Title	DIRECTOR
Name	BURBINE, ALBERT
Address	8090 SORRENTO LANE, SUITE 1
City-State-Zip:	NAPLES FL 34114

Title	GENERAL MANAGER
Name	ORTIZ, ASHLEY
Address	8090 SORRENTO LANE, SUITE 1
City-State-Zip:	NAPLES FL 34114

I hereby 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 all other like empowered.

SIGNATURE: ASHLEY ORTIZ**GENERAL MANAGER****03/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date