

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90009 030 ****61.25

DOCUMENT # 757678

1. Entity Name
**VERANDA BEACH CLUB CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**100 S. WASHINGTON
SARASOTA, FL 34236**

Mailing Address
**100 S. WASHINGTON
SARASOTA, FL 34236**

400000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2215831

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REES, PAULA
100 S. WASHINGTON
SARASOTA, FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **S** ☐ Delete
NAME **LESJAK, LEN**
STREET ADDRESS **9302 10TH AVENUE NW**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **D** ☒ Change ☐ Addition
NAME **Lesjak, Len**
STREET ADDRESS **9302 10th Ave NW**
CITY-ST-ZIP **Bradenton FL 34209**

TITLE **S** ☐ Delete
NAME **GAINESLEY, PHIL**
STREET ADDRESS **4321 E LAKE HARRIET BLVD**
CITY-ST-ZIP **MINNEAPOLIS, MN 55409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **LUCKO, DEAN**
STREET ADDRESS **13525 OLDE ORCHARD ROAD**
CITY-ST-ZIP **STRONGSVILLE, OH 44136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EPSTEIN, LEWIS**
STREET ADDRESS **23 JOYCE RD**
CITY-ST-ZIP **WAYLAND, MA 01778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **SELOVER, RICHARD**
STREET ADDRESS **7115 FOREST RIDGE CIR**
CITY-ST-ZIP **CASTLE ROCK, CO 80104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** ☐ Delete
NAME **BERNSTEIN, STAN**
STREET ADDRESS **707 17TH STREET #2900**
CITY-ST-ZIP **DENVER, CO 80202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #