

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90044 014 \*\*\*\*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**

40013310



01232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2215831**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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)

01.31.07

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LESJAK, LEN
STREET ADDRESS	9302 10TH AVE
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	S
NAME	GAINESLEY, PHIL
STREET ADDRESS	4321 E LAKE HARRIET BLVD
CITY-ST-ZIP	MINNEAPOLIS, MN 55409
TITLE	VP
NAME	LUCKO, DEAN
STREET ADDRESS	15525 OLDE ORCHARD ROAD
CITY-ST-ZIP	STRONGSVILLE, OH 44130
TITLE	D
NAME	EPSTEIN, LEWIS
STREET ADDRESS	23 JOYCE RD
CITY-ST-ZIP	WAYLAND, MA 01778
TITLE	P
NAME	SELOVER, RICHARD
STREET ADDRESS	7115 FOREST RIDGE CIR
CITY-ST-ZIP	CASTLE ROCK, CO 80104
TITLE	AT
NAME	BERNSTEIN, STAN
STREET ADDRESS	707 17TH STREET #2900
CITY-ST-ZIP	DENVER, CO 80202

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IN THIS SPACE**

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

1/31/07 720-733-1140

Date

Daytime Phone