

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90019 017 ****61.25

DOCUMENT # 759918

1. Entity Name

VERA CRUZ HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

917 MICHIGAN AVENUE
ST. CLOUD FL 34769
US

Mailing Address

P.O. BOX 701907
ST. CLOUD FL 34770
US



2. Principal Place of Business - No P.O. Box #

913 Michigan Ave
St. Cloud FL

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
34769 Osceola

City & State

Zip Country

Zip Country

4. FEI Number

59-2418148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

VIENS, IRENE
917 MICHIGAN AVENUE
SAINT CLOUD FL 34769

7. Name and Address of New Registered Agent

Name

Madeline Burmeister

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

913 Michigan Ave

City

St. Cloud

FL

Zip Code

34769

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE PD
NAME GENTRY, DONALD
STREET ADDRESS 409 MICHIGAN AVE
CITY-ST-ZIP SAINT CLOUD FL 34769 ☒ Delete

TITLE VD
NAME PARR, SANDY
STREET ADDRESS 928 VIRGINIA AVENUE
CITY-ST-ZIP SAINT CLOUD FL 34769 ☐ Delete

TITLE TD
NAME VIENS, IRENE
STREET ADDRESS 917 MICHIGAN AVENUE
CITY-ST-ZIP SAINT CLOUD FL 34769 ☒ Delete

TITLE D
NAME GOODREAU, CHARLES
STREET ADDRESS 921 MICHIGAN AVENUE
CITY-ST-ZIP SAINT CLOUD FL 34769 ☐ Delete

TITLE SD
NAME GENTRY, MARILYN
STREET ADDRESS 909 MICHIGAN AVENUE
CITY-ST-ZIP SAINT CLOUD FL 34769 ☐ Delete

TITLE SD
NAME KASMIN, REGINA
STREET ADDRESS 901 MICHIGAN AVE
CITY-ST-ZIP SAINT CLOUD FL 34769 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Milo Arden
STREET ADDRESS 6626 Bay Tree Ct.
CITY-ST-ZIP St. Cloud FL 34771 ☒ Change ☐ Addition

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

TITLE TD
NAME Madeline Burmeister
STREET ADDRESS 913 Michigan Ave
CITY-ST-ZIP St. Cloud FL 34769 ☒ Change ☐ Addition

TITLE D
NAME Irene Viens
STREET ADDRESS 917 Michigan Ave
CITY-ST-ZIP St. Cloud FL 34769 ☐ Change ☒ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Madeline Burmeister

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-07 407-892-8978

Date Daytime Phone #