

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90026 027 ****61.25

DOCUMENT # 759918

1. Entity Name

VERA CRUZ HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

913 MICHIGAN AVENUE
ST. CLOUD FL 34769
US

Mailing Address

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



1st MOORE

CR2E037 (10/07)

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

901-937 Michigan Ave

906-936 Virginia Ave

City & State
St Cloud FL

Zip
34769

Country
Dscola

3. Mailing Address

913 Michigan Ave

Suite, Apt. #, etc.

City & State
St Cloud FL

Zip
34769

Country
Oceola

4. FEI Number

59-2418148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURMEISTER, MADALINE
913 MICHIGAN AVENUE
SAINT CLOUD FL 34769

7. Name and Address of New Registered Agent

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

Madaline Burmeister

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

(NOTE: Registered Agent signature required when reinstating)

3-3-08

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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 ARDEN, MILO
STREET ADDRESS 6620 BAY TREE CT.
CITY-ST-ZIP SAINT CLOUD FL 34771 ☐ Delete

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

TITLE TD
NAME BURMEISTER, MADALINE
STREET ADDRESS 913 MICHIGAN AVE.
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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR