# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 26, 2009**
**Secretary of State**

DOCUMENT# 759918

**Entity Name:** VERA CRUZ HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

901-937 MICHIGAN AVE
906-936 VIRGINIA AVE.
SAINT CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

913 MICHIGAN AVE
SAINT CLOUD, FL 34769 US

**New Mailing Address:**

**FEI Number: 59-2418148** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURMEISTER, MADALINE
913 MICHIGAN AVENUE
SAINT CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: ARDEN, MILO
Address: 6620 BAY TREE CT.
City-St-Zip: SAINT CLOUD, FL 34771

Title: VD ( ) Delete
Name: PARR, SANDY
Address: 928 VIRGINIA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: TD ( ) Delete
Name: BURMEISTER, MADALINE
Address: 913 MICHIGAN AVE.
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete
Name: GOODREAU, CHARLES
Address: 921 MICHIGAN AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: SD ( ) Delete
Name: GENTRY, MARILYN
Address: 909 MICHIGAN AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MILO K. ARDEN JR. PRES 02/26/2009
Electronic Signature of Signing Officer or Director — Date