

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

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90297 001 ****61.25

DOCUMENT # N00000001101

1. Entity Name
VERANDA V AT HERITAGE OAKS ASSOCIATION, INC.



Principal Place of Business
**ARGUS PROPERTY MGMT. INC.
2477 STICKNEY POINT RD., #118A
SARASOTA, FL 34231**

Mailing Address
**ARGUS PROPERTY MGMT. INC.
2477 STICKNEY POINT RD., #118A
SARASOTA, FL 34231**

60026150



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0996328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROSS, DARLENE
2477 STICKNEY POINT RD.
#1184
SARASOTA, FL 34231**

**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)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WALSH, TOM
5270 HYLAND HILL AVE #1711
SARASOTA, FL 34241**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DUTT, WILLIAM
5260 HYLAND HILLS AVE, # 1611
SARASOTA, FL 34241**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
HEIDEMENN, STAN
540 SOUTH MADISON
LA GRANGE, IL 60525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
CROSS, DARLENE
2477 STICKNEY PT. RD, #118A
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Darlene Cross

Darlene Cross

4/6/06

941-927-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #