

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003418

FILED  
Apr 03, 2008  
Secretary of State

**Entity Name:** VERANDA OWNERS ASSOCIATION OF PONTE VEDRA BEACH, INC.

**Current Principal Place of Business:**

818 A1A NORTH  
SUITE 300  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

818 A1A NORTH  
SUITE 300  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 59-3720596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAX CO.  
330 BANK OF AMERICA TOWER  
50 NORTH LAURA STREET  
JACKSONVILLE, FL 32202 US

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

HORNE, KAROL D MGR  
818 A1A NORTH  
300  
JACKSONVILLE, FL 32082 US

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: KAROL D HORNE

04/03/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HORNE, DONIS P  
Address: 818 A1A NORTH SUITE 300  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: HORNE, ELLIOTT S  
Address: 818 A1A NORTH SUITE 300  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: BROWNFIELD, THOMAS S  
Address: 818 A1A NORTH SUITE 300  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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:

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: DONIS P HORNE

D

04/03/2008

Electronic Signature of Signing Officer or Director

Date