


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90298 023 \*\*\*\*61.25

<b>DOCUMENT # N01000005232</b>	
1. Entity Name <b>VERANDA VIII AT HERITAGE OAKS ASSOCIATION, INC.</b>	

Principal Place of Business <b>ARGUS PROP. MGMT INC, 2477 STICKNEY POINT RD 118A SARASOTA, FL 34231</b>	Mailing Address <b>% ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY POINT ROAD, SUITE 118A SARASOTA, FL 34231</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent	
<b>CROSS, DARLENE 2477 STICKNEY POINT RD 118A SARASOTA, FL 34231</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>LE BLANE, SUE</b>
STREET ADDRESS	<b>5280 HYLAND HILLS 1824</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34241</b>
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	<b>TURNGULK, DAVIC</b>
STREET ADDRESS	<b>5310 HYLAND</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34241</b>
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	<b>RIORDAN, OTEGA</b>
STREET ADDRESS	<b>5310 HYLAND HILL AVE #2117</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34241</b>
TITLE	AS <input type="checkbox"/> Delete
NAME	<b>CROSS, DARLENE</b>
STREET ADDRESS	<b>2477 STICKNEY PT RD STE 118A</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>ALLEN HARMANN, VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>5300 Hyland Hills, #2022</b>
STREET ADDRESS	<b>Sarasota, FL 34241</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #