


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90127 048 \*\*\*\*61.25

<b>DOCUMENT # N04000001459</b> 1. Entity Name <b>VERONAWALK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4500 PGA BLVD STE 400 PALM BCH GARDENS, FL 33418</b>			Mailing Address <b>1044 CASTELLO DR #206 NAPLES, FL 34103 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>56-2440461</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>OLINGER, JOHN 4500 PGA BLVD STE 400 PALM BCH GARDENS, FL 33418</b>				7. Name and Address of New Registered Agent Name <b>SOUTHWEST PROPERTY MGMT CORP.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1044 CASTELLO DR.</b> <b>SUITE 206</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34103</b>	
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 <u>SOUTHWEST PROPERTY MGMT. CORP.</u> DATE <u>2/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>ROSEN, MICHAEL D 4500 PGA BLVD STE 400 PALM BCH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>SCHERMER, REID 4500 PGA BLVD STE 400 PALM BCH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>OLINGER, JOHN 4500 PGA BLVD STE 400 PALM BCH GARDENS, FL 33418</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>BROOKS, SCOTT 4500 PGA BLVD STE 400 PALM BCH GARDENS, FL 33418</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u> DATE <u>3/1/06</u> DAYTIME PHONE # <u>239 594-7400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					