

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 02, 2008**  
**Secretary of State**

DOCUMENT# N04000006450

**Entity Name:** OFFICES AT VERANDA PARK BUILDING 1000 CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7065 WESTPOINTE BLVD  
SUITE 319  
ORLANDO, FL 32835**New Principal Place of Business:**2295 S. HIAWASSEE ROAD  
SUITE 417  
ORLANDO, FL 32835**Current Mailing Address:**P. O. BOX 618147  
ORLANDO, FL 32861**New Mailing Address:**2295 S. HIAWASSEE ROAD  
SUITE 417  
ORLANDO, FL 32835**FEI Number:** 20-1282096**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SIMBACK, KEN  
7065 WESTPOINTE BLVD. SUITE 319  
ORLANDO, FL 32835 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:** BURSHAN, SAMIR  
**Address:** 7065 WESTPOINTE BLVD. SUITE 319  
**City-St-Zip:** ORLANDO, FL 32835**Title:** VD ( ) Delete  
**Name:** AMORE, GLENN  
**Address:** 7065 WESTPOINTE BLVD. SUITE 319  
**City-St-Zip:** ORLANDO, FL 32835**Title:** D ( ) Delete  
**Name:** BODE, SVEN  
**Address:** 7065 WESTPOINTE BLVD SUITE 319  
**City-St-Zip:** ORLANDO, FL 32835**Title:** D (X) Delete  
**Name:** HEISLER, LAURENCE  
**Address:** 7065 WESTPOINTE BLVD SUITE 319  
**City-St-Zip:** ORLANDO, FL 32835**Title:** D ( ) Delete  
**Name:** PATEL, YATIN  
**Address:** 7065 WESTPOINTE BLVD SUITE 319  
**City-St-Zip:** ORLANDO, FL 32835**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** BURSHAN, SAMIR  
**Address:** 2295 S. HIAWASSEE RD. SUITE 417  
**City-St-Zip:** ORLANDO, FL 32835**Title:** VD (X) Change ( ) Addition  
**Name:** AMORE, GLENN  
**Address:** 2295 S. HIAWASSEE RD. SUITE 417  
**City-St-Zip:** ORLANDO, FL 32835**Title:** D (X) Change ( ) Addition  
**Name:** BODE, SVEN  
**Address:** 2295 S. HIAWASSEE RD. SUITE 417  
**City-St-Zip:** ORLANDO, FL 32835**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** PATEL, YATIN  
**Address:** 2295 S. HIAWASSEE RD., SUITE 417  
**City-St-Zip:** ORLANDO, FL 32835

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: SAMIR BURSHAN

PD

07/02/2008

Electronic Signature of Signing Officer or Director

Date