

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006450

FILED  
Nov 04, 2010  
Secretary of State

**Entity Name:** OFFICES AT VERANDA PARK BUILDING 1000 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2295 S. HIAWASSEE ROAD  
SUITE 417  
ORLANDO, FL 32835

**New Principal Place of Business:**

1180 SPRING CENTRE S. BLVD.  
SUITE 102  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

2295 S. HIAWASSEE ROAD  
SUITE 417  
ORLANDO, FL 32835

**New Mailing Address:**

1180 SPRING CENTRE S. BLVD.  
SUITE 102  
ALTAMONTE SPRINGS, FL 32714

**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:**

MACLARTY, W SUE  
1180 SPRING CENTRE S. BLVD.  
SUITE 102  
ALTAMONTE SPRINGS, FL 32714 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: W SUE MACLARTY

11/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HEAP, SUSI  
Address: 2295 S. HIAWASSEE RD. SUITE 215  
City-St-Zip: ORLANDO, FL 32835

Title: VD  
Name: BELGRAM, BLAKE  
Address: 2295 S. HIAWASSEE RD. SUITE 408  
City-St-Zip: ORLANDO, FL 32835

Title: T  
Name: BODE, SVEN J  
Address: 2295 S. HIAWASSEE RD. SUITE 410  
City-St-Zip: ORLANDO, FL 32835

Title: D  
Name: BYRD, JIM  
Address: 2295 S. HIAWASSEE RD., SUITE 414  
City-St-Zip: ORLANDO, FL 32835

Title: D  
Name: GABRI, DAVE G  
Address: 2295 S. HIAWASSEE RD., SUITE 306  
City-St-Zip: ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: SUSI HEAP

P

11/04/2010

Electronic Signature of Signing Officer or Director

Date