

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/16/2005-90041-010-\$61.25-\$61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66027366



07152005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000010869					
1. Entity Name VERANDA IV AT LAKE HART ASSOCIATION, INC.					
Principal Place of Business 151 WYMORE ROAD, SUITE 7000 ALTAMONTE SPRINGS, FL 32714			Mailing Address 151 WYMORE ROAD, SUITE 7000 ALTAMONTE SPRINGS, FL 32714		
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 20-3457553	
				Applied For Not Applicable	
5. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J. 1833 HENDRY STREET FORT MYERS, FL 33901				6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by September 7, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GRAHAM, WILLIAM J.		NAME		
STREET ADDRESS	151 WYMORE ROAD, SUITE 7000		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	DVP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LUNKO, DON		NAME		
STREET ADDRESS	151 WYMORE ROAD, SUITE 7000		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BRAZNEILL, SUZANNE		NAME		
STREET ADDRESS	151 WYMORE ROAD, SUITE 7000		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		7-25-05		(409) 682-7266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	