


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State


DOCUMENT # N04000011469

1. Entity Name
VERIDIAN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 6646 WILLOW PARK DR NAPLES, FL 34109	Mailing Address KMA COMPANY PO BOX 111802 NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2171332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KMA COMPANY
PO BOX 111802
NAPLES, FL 34108

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IN THIS SPACE**

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 reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

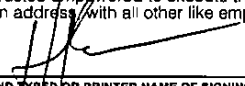
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEEL, MICHAEL J 6646 WILLOW PARK DR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEEL, STEPHEN L 6646 WILLOW PARK DR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PEEL, KELLY C 6646 WILLOW PARK DR NAPLES, FL 34109
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05/10/07-80024-001 61.25

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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:  **4/23/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #