2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011469

Entity Name: VERIDIAN HOMEOWNERS ASSOCIATION, INC.

FILED Mar 26, 2009 Secretary of State

Current Pr	incipal Place of Business:	New Principal Place of	New Principal Place of Business:	
6646 WILLO NAPLES, F	OW PARK DR FL 34109	9844 LUNA CIRCLE #D103 NAPLES, FL 34109	#D103	
Current Ma	ailing Address:	New Mailing Address:	New Mailing Address:	
KMA COMF PO BOX 11 NAPLES, F	11802			
FEI Number:	54-2171332 FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
KMA COMPANY PO BOX 111802 NAPLES, FL 34108 US		9844 LUNA CIRCLE #D103		
The above in the State	named entity submits this statement for the pur of Florida.	ose of changing its registered of	office or registered agent, or both,	
SIGNATUR	RE: HERB SOLOMON		03/26/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete PEEL, MICHAEL J 6646 WILLOW PARK DR NAPLES, FL 34109	Title: PD (X) Name: SCHMIDT, KEI Address: 16001 WATER City-St-Zip: FT. MYERS, F	RLEAF LN	
Title: Name: Address: City-St-Zip:	VD () Delete PEEL, STEPHEN L 6646 WILLOW PARK DR NAPLES, FL 34109	Title: SD (X) Name: THOMAS, JAC Address: 16031 WATER City-St-Zip: FT. MYERS, F	RLEAF LN	
Title: Name: Address: City-St-Zip:	DST () Delete PEEL, KELLY C 6646 WILLOW PARK DR NAPLES, FL 34109	Title: TD (λ Name: COEN, VIKI Address: 16007 WATER City-St-Zip: FT. MYERS, F		
Title: Name: Address: City-St-Zip:	()Delete	Title: D (Name: WOODS, ROB Address: 16025 WATER City-St-Zip: FT. MYERS, F	RLEAF LN	
Title: Name: Address: City-St-Zip:	()Delete	Title: D (Name: WUSSLER, DI Address: 16019 WATER City-St-Zip: FT. MYERS, F	RLEAF LN	
Title: Name: Address: City-St-Zip:	()Delete	Title: D (Name: ZETERBERG, Address: 16034 WATER City-St-Zip: FT. MYERS, F	RLEAF LN	

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: HERB SOLOMON CAM 03/26/2009