

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011469

FILED
Mar 30, 2010
Secretary of State

Entity Name: VERIDIAN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9844 LUNA CIRCLE
#D103
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

KMA COMPANY
PO BOX 111802
NAPLES, FL 34108

New Mailing Address:

FEI Number: 54-2171332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, HERB CAM
9844 LUNA CIRCLE
#D103
NAPLES, FL 34109 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
Name: SCHMIDT, KEN
Address: 16001 WATERLEAF LN
City-St-Zip: FT. MYERS, FL 33908

Title: SD
Name: THOMAS, JACK
Address: 16031 WATERLEAF LN
City-St-Zip: FT. MYERS, FL 33908

Title: TD
Name: COEN, VIKI
Address: 16007 WATERLEAF LN
City-St-Zip: FT. MYERS, FL 33908

Title: D
Name: WOODS, ROB
Address: 16025 WATERLEAF LN
City-St-Zip: FT. MYERS, FL 33908

Title: D
Name: WUSSLER, DEBRA
Address: 16019 WATERLEAF LN
City-St-Zip: FT. MYERS, FL 33908

Title: D
Name: ZETERBERG, JOE DR
Address: 16034 WATERLEAF LN
City-St-Zip: FT. MYERS, FL 33908

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: HERB SOLOMON

CAM

03/30/2010

Electronic Signature of Signing Officer or Director

Date