

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011469

**FILED**  
**Mar 28, 2012**  
**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:**

C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957

**Current Mailing Address:**

KMA COMPANY  
PO BOX 111802  
NAPLES, FL 34108

**New Mailing Address:**

C/O ISLAND MANAGEMENT  
P O BOX 100  
SANIBEL, FL 33957

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:**

MACKESY, STEVEN  
C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 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: STEVEN MACKESY

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GASSAWAY, WILLIAM  
Address: 16090 WATERLEAF LN.  
City-St-Zip: FT. MYERS, FL 33908

Title: VPD  
Name: ANDERSON, JOHN  
Address: 16114 WATERLEAF LN  
City-St-Zip: FT. MYERS, FL 33908

Title: TD  
Name: STEIDEL, ARTHUR  
Address: 16084 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: WILLIAM GASSAWAY

PD

03/28/2012

Electronic Signature of Signing Officer or Director

Date