

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 17, 2009
Secretary of State

DOCUMENT# N05000004021

Entity Name: VERDE RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6150 STATE ROAD 70
BRADENTON, FL 34203 US**New Principal Place of Business:**ACCESS RESIDENTIAL MANAGEMENT
5728 MAJOR BLVD, SUITE 500
ORLANDO, FL 32819 US**Current Mailing Address:**2391 PONTIAC RD.
AUBURN HILLS, MI 48326 US**New Mailing Address:**ACCESS RESIDENTIAL MANAGEMENT
5728 MAJOR BLVD, SUITE 500
ORLANDO, FL 32819 US**FEI Number:** 33-1129530**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GREYSTONE MANAGEMENT CO. OF
CENTRAL FLORIDA
1936 LEE ROAD - SUITE 250
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**CAPLAN, BARRY
ACCESS RESIDENTIAL MANAGEMENT
5728 MAJOR BLVD SUITE 500
ORLANDO, FL 32819 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: BARRY CAPLAN

12/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABRERA, DIANA
Address: 6150 STATE RD 70
City-St-Zip: BRADENTON, FL 34203 US

Title: VPD () Delete
Name: MIHELICH, BRIAN
Address: 6150 STATE RD 70
City-St-Zip: BRADENTON, FL 34203

Title: STD () Delete
Name: MAJZLIK, KELLY
Address: 6150 STATE RD 70
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MAPILI, BERNIE
Address: 2301 LUCIEN WAY # 400
City-St-Zip: MAITLAND, FL 32751 US

Title: VT (X) Change () Addition
Name: SMITH, ADAM
Address: 3810 NORTHDAL BLVD SUITE 100
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change () Addition
Name: KOENIG, LONNIE
Address: 582 HERNANDO PLACE
City-St-Zip: CLERMONT, FL 34715

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: BARRY CAPLAN

PRES

12/17/2009

Electronic Signature of Signing Officer or Director

Date