

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

FILED

07 MAY 23 PM 3: 05

STATE
66015693IDA

DOCUMENT # N05000012925					
1. Entity Name VERONA PALMS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1245 SOUTH MILITARY TRAIL SUITE 100 DEERFIELD BCH, FL 33442			Mailing Address 1245 SOUTH MILITARY TRAIL SUITE 100 DEERFIELD BCH, FL 33442		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 51-0587295			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN E 80 SW 8TH ST., SUITE 2550 MIAMI, FL 33130			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature: Typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when removing.) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HUMPHRIES, MICHAEL		NAME		
STREET ADDRESS	1245 SOUTH MILITARY TRAIL, SUITE 100		STREET ADDRESS		
CITY-STATE-ZIP	DEERFIELD BCH, FL 33442		CITY-STATE-ZIP		
TITLE	VD	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	CONNOR, MARK		NAME	ALBERTSON, KARL	
STREET ADDRESS	1245 SOUTH MILITARY TRAIL, SUITE 100		STREET ADDRESS	1245 SOUTH MILITARY TRAIL #100	
CITY-STATE-ZIP	DEERFIELD BCH, FL 33442		CITY-STATE-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PAPADIMITRIOU, AMALIA		NAME		
STREET ADDRESS	1245 SOUTH MILITARY TRAIL, SUITE 100		STREET ADDRESS		
CITY-STATE-ZIP	DEERFIELD BCH, FL 33442		CITY-STATE-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GAUSMAN, CHRISTIAN		NAME		
STREET ADDRESS	1245 SOUTH MILITARY TRAIL, SUITE 100		STREET ADDRESS		
CITY-STATE-ZIP	DEERFIELD BCH, FL 33442		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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: 		5-8-07		954-449-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	