

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90113 004 \*\*\*\*61.25

**DOCUMENT # N06000008011**

1. Entity Name  
**VERANDAH AT LAKE GRADY HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
3614 CORDGRASS DR.  
VALRICO, FL 33594

Mailing Address  
3614 CORDGRASS DR.  
VALRICO, FL 33594

40030301



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
38-3762007

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CARTER, JANE  
4010 CEDAR CAY CR  
VALRICO, FL 33594

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CARTER, JANE J
STREET ADDRESS	4010 CEDAR CAY CIRCLE
CITY-ST-ZIP	VALRICO, FL 33594-33596
TITLE	VD
NAME	CARTER, SCOTT L
STREET ADDRESS	4010 CEDAR CAY CIRCLE 6234 Kingbird Manor Dr
CITY-ST-ZIP	VALRICO, FL 33594-33547 Lithia, FL 33547
TITLE	STD
NAME	CARTER, MICHAEL R
STREET ADDRESS	4010 CEDAR CAY CIRCLE 3614 Cordgrass Dr
CITY-ST-ZIP	VALRICO, FL 33594 Valrico, FL 33596
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Jane J Carter* JANE J. CARTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

813-685-2888  
Daytime Phone #