2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Jul 13, 2009 DOCUMENT# N06495 Secretary of State

Entity Name: VERONA AT DEER CREEK HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3424 ALBA WAY DEERFIELD BCH., FL 33442 **Current Mailing Address: New Mailing Address:** 685 E. HILLSBORO BLVD 1215 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 FEI Number: 59-2465582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CAMPBELL PROPERTY MANAGEMENT LUXE PROPERTY SERVICES 685 E. HILLSBORO BLVD 1215 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441 US US DEERFIELD BEACH, FL 33441 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: LUXE PROPERTY SERVICES 07/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PAINTER, CLINTON Name: Name: 3426 PALLADIAN CIR Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: () Change () Addition RENAUD, EUCLIDE Name: Name: Address: 3420 ALBA WAY Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: () Change () Addition LYNCH, EDWARD Name: Name: Address: 3352 ALBA CIR Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: SD () Delete Title: () Change () Addition BAZZONE, ROBERTS Name: Name: Address: 3529 PALLADIAN CIR Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: () Change () Addition MCGONIGAL, PATRICIA Name: Name: 3323 ALBA WAY Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip:

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: CLINTON PAINTER PD 07/13/2009

FILED