

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-07-2008 90028 012 ****61.25

DOCUMENT # N07000006993																																																																																																																																																											
1. Entity Name THE VERANDAHS OFFICE PARK PROPERTY OWNER'S ASSOCIATION, INC.																																																																																																																																																											
Principal Place of Business 9400 RIVER CROSSING BLVD. SUITE 104 NEW PORT RICHEY, FL 34655			Mailing Address 9400 RIVER CROSSING BLVD. SUITE 104 NEW PORT RICHEY, FL 34655																																																																																																																																																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		4. FEI Number APPLIED FOR																																																																																																																																																							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent GIRARDI, JAIME P 9400 RIVER CROSSING BLVD. SUITE 104 NEW PORT RICHEY, FL 34655				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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____																																																																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																							
Make check payable to Florida Department of State																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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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: JAIME P. GIRARDI 1/15/08 (727) 375-1155																																																																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																											