


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 039 ****61.25

DOCUMENT # N07000007987	
1. Entity Name VERANDA AT PLANTATION MASTER PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 510 N.W. 84TH AVENUE PLANTATION, FL 33324	Mailing Address 510 N.W. 84TH AVENUE PLANTATION, FL 33324
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2. Principal Place of Business - No P.O. Box # One Financial Plaza	3. Mailing Address One Financial Plaza
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 102
City & State Ft. Lauderdale	City & State Ft. Lauderdale
Zip FL	Country USA
Zip 33394	Country USA

60044412



05222008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-1163209	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SHAW, DAVID M ESQ 660 US HIGHWAY ONE THIRD FLOOR NORTH PALM BEACH, FL 33408	

7. Name and Address of New Registered Agent	
Name Bruce Pender	
Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza	
Suite 102	
City Ft. Lauderdale	Zip Code FL 33394

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  **Bruce Pender** DATE **5/25/08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENDER, BRUCE P.O. BOX 15697 PLANTATION, FL 333185697 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pender, Bruce One Financial Plaza, #102 Ft. Lauderdale FL 33394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOUGLAS, STEPHEN M P.O. BOX 15697 PLANTATION, FL 333185697 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Douglas, Stephen M. One Financial Plaza, #102 Ft. Lauderdale FL 33394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMIGRAN, KENNETH H P.O. BOX 15697 PLANTATION, FL 333185697 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Simigran, Kenneth H One Financial Plaza, #102 Ft. Lauderdale FL 33394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  **Bruce Pender** DATE **5/25/08** DAYTIME PHONE # **(954) 727-0330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR