


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**

60044412



2. Principal Place of Business - No P.O. Box #
One Financial Plaza

Suite, Apt. #, etc.
102

City & State
Ft. Lauderdale

Zip
FL

Country
USA

3. Mailing Address
One Financial Plaza

Suite, Apt. #, etc.
102

City & State
Ft. Lauderdale

Zip
33394

Country
USA

05222008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**SHAW, DAVID M ESQ
 660 US HIGHWAY ONE
 THIRD FLOOR
 NORTH PALM BEACH, FL 33408**

4. FEI Number
26-1163209

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Bruce Pender

Street Address (P.O. Box Number is Not Acceptable)
One Financial Plaza

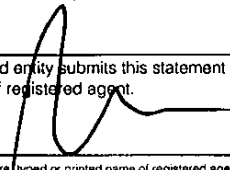
Suite, Apt. #, etc.
Suite 102

City
Ft. Lauderdale

State
FL

Zip Code
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. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

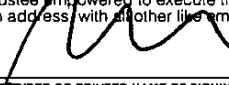
10. OFFICERS AND DIRECTORS

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	VD DOUGLAS, STEPHEN M P.O. BOX 15697 PLANTATION, FL 333185697	<input type="checkbox"/> Delete
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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. 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 One Financial Plaza, # 102 Ft. Lauderdale FL 33394	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 reports 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 line empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #