

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N07672** (1)
1. Corporation Name
VERDURA WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 1836 HERMITAGE SUITE 200 TALLAHASSEE FL 32308 US	Mailing Address 1836 HERMITAGE SUITE 200 TALLAHASSEE FL 32308 US
--	--

3. Date Incorporated or Qualified 02/15/1985
4. FEI Number 59-1986824
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2579 Morgan Woods Trace Suite, Apt. #, etc.	2a. Mailing Address 26 2579 Morgan Woods Trace Suite, Apt. #, etc.
City & State 23 Tallahassee FL Zip 24 32311	City & State 27 Tallahassee FL Zip 28 32311
Country 25 USA	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PROCTOR, M. JULIAN JR.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, HERBERT F.	
STREET ADDRESS	1836 HERMITAGE BLVD #200	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CALLAWAY, EDITH M.	
STREET ADDRESS	PO BOX 477, NA	
CITY-ST-ZIP	MANNING SC	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, CURTIS L. SR.	
STREET ADDRESS	PO BOX 474, NA	
CITY-ST-ZIP	MONTICELLO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chuck Atkins	
1.3 STREET ADDRESS	2618 Augustine Creek Trace	
1.4 CITY-ST-ZIP	Tallahassee, FL 32311	
2.1 TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joe Daniel	
2.3 STREET ADDRESS	2586 Morgan Woods Trace	
2.4 CITY-ST-ZIP	Tallahassee, FL 32311	
3.1 TITLE	Sec-Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rick Johnson	
3.3 STREET ADDRESS	2579 Morgan Woods Trace	
3.4 CITY-ST-ZIP	Tallahassee, FL 32311	
4.1 TITLE	Board of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Herb Morgan	
4.3 STREET ADDRESS	6790 Augustine Creek Ct.	
4.4 CITY-ST-ZIP	Tallahassee, FL 32311	
5.1 TITLE	Board of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Harold R. Iles	
5.3 STREET ADDRESS	2624 Augustine Creek Trace	
5.4 CITY-ST-ZIP	Tallahassee, FL 32311	
6.1 TITLE	Bo. of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Stere Boyd	
6.3 STREET ADDRESS	6829 Swain Trace	
6.4 CITY-ST-ZIP	Tallahassee, FL 32311	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Herb Morgan**

4-23-98 850/671-1288

CP2E037 (10/97)