FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07672

1. Corporation Name

VERDURA WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 2579 MORGAN WOODS TRACE TALLAHASSEE FL 32311 Mailing Address

2579 MORGAN WOODS TRACE TALLAHASSEE FL 32311

FILED Feb 18, 1999 8:00am Secretary of State

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2. Principal 5	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
21 21	26				02/15/1985				
Suite, Apt.	#. etc.	Suite. Apt. #, etc.			-4-FEI Number		A	oplied For	
22	•	27			59-1986824		 	ot Applicable	
City & Sta	te	City & State					\$8.75	Additional	
23		28			Certifcate of Status Desired		+	equired	
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be	
24	25	29 3	0		Trust Fund Contribution	<u> </u>		to Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81 Name					
PROCTOR, M. JULIAN JR.				82 Street Address (P.O. Box Number is Not Acceptable)					
227 SOUTH CALHOUN STREET									
TALLAHASSEE FL 32302									
			84	City			0E 7:-	Code	
			54	City		FL	85 Zip	COUR	
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									
	registered agent, or both, in the State of am familiar with, and accept the obligation				ation's board of directors. I hereby accept	tne appoir	itment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Ager	t signature requ	iired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	ORS IN 12	
TITLE	BOD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	MORGAN, HERBERT F.		1.2 NAME				•		
STREET ADDRESS	6790 AUGUSTIN CREEK COURT 138		1.3 STREET	ADDRESS				ł	
CITY-ST-ZIP	TALLAHASSEE FL 32311		1.4 CITY-S	r-ZIP					
TITLE	P	☐ DELETE	2.1 TITLE		· · ·		Change	Addition	
NAME	ADKINS, CHUCK		2.2 NAME					!	
STREET ADDRESS			.23 STREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32311	·	2. 4 CITY-S	1		,-		.]	
TITLE	VP	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	DANIEL, JOE		3.2 NAME	ļ					
STREET ADDRESS			3.3 STREET	ADDRESS				.]	
CITY-ST-ZIP	TALLAHASSEE FL 32311		3.4. CITY-S		,				
TITLE	ST	☐ DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME	JOHNSON, RICK	***	4. 2 NAME				•	_	
STREET ADDRESS	AETA 11000111 WOODO TOLOF		4.3 STREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32311		4.4 CITY-ST	ĺ					
TITLE	BOD	☐ DELETE	5.1 TITLE		-		Change	Addition	
NAME	FILES. HAROLD	. _	5.2 NAME						
STREET ADDRESS	AAAA ALIGUATINE ODEEK TOAGE		5.3 STREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32311	-	5.4 CITY-ST						
TITLE	BOD	☐ DELETE	6.1 TITLE	-			Change	Addition	
NAME	BOYD, STEVE		6.2 NAME			•			
STREET ADDRESS	AAAA AMAMA TRAACE		6.3 STREET	ADDRESS					
OTTLET ADDRESS	TALLAMASSEE EL 22211		EACITY ST						

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 all address, with all other like empowered.

SIGNATURE:

INTERPORT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27/99

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