

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N07672 1. Entity Name VERDURA WOODS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2579 MORGAN WOODS TRACE TALLAHASSEE FL 32311 US			Mailing Address 2579 MORGAN WOODS TRACE TALLAHASSEE FL 32311 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number 59-1986824		
5. Certificate of Status Desired ☐			Applied For Not Applicable		
6. Name and Address of Current Registered Agent PROCTOR, M. JULIAN JR 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32302			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 certifying)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD MORGAN, HERBERT F 6790 AUGUSTINE CREEK COURT TALLAHASSEE FL 32311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000467618 03/23/06-80057-013 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILAM, TREVOR 6857 SWAIN TRACE TALLAHASSEE FL 32311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIEL, JOE 2586 MORGAN WOODS TRACE TALLAHASSEE FL 32311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, RICK 2579 MORGAN WOODS TRACE TALLAHASSEE FL 32311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, KELLY 2603 AUGUSTINE CREEK TRACE TALLAHASSEE FL 32311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD PRUITT, NANCY 2618 AUGUSTINE CREEK TRACE TALLAHASSEE FL 32311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.