

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07672

FILED
Apr 15, 2009
Secretary of State

Entity Name: VERDURA WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2579 NORGAN WOODS TRACE
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

2579 NORGAN WOODS TRACE
TALLAHASSEE, FL 32311 US

New Mailing Address:

FEI Number: 59-1986824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BOD () Delete
Name: MORGAN, HERBERT F
Address: 6790 AUGUSTIN CREEK COURT
City-St-Zip: TALLAHASSEE, FL 32311

Title: P () Delete
Name: MILAM, TREVOR
Address: 6857 SWAIN TRACE
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP () Delete
Name: DANIEL, JOE
Address: 2586 MORGAN WOODS TRACE
City-St-Zip: TALLAHASSEE, FL 32311

Title: ST () Delete
Name: JOHNSON, RICK
Address: 2579 MORGAN WOODS TRACE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: PATTERSON, KELLY
Address: 2603 AUGUSTINE CREEK TRACE
City-St-Zip: TALLAHASSEE, FL 32311

Title: BOD () Delete
Name: PRUITT, NANCY
Address: 2618 AUGUSTINE CREEK TRACE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK JOHNSON

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date