

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006323

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** THE VERANDAS A FREEPORT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

56001 DATE PALM LANE  
FREEPORT, FL

**New Principal Place of Business:**

**Current Mailing Address:**

56001 DATE PALM LANE  
FREEPORT, FL

**New Mailing Address:**

**FEI Number:** 26-3359552      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MCNEESE, RICHARD S  
36468 EMERALD COAST PARKWAY  
SUITE 1201  
DESTIN, FL 32541 US

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: PD ( ) Delete  
Name: GLOVER, JEFFREY C  
Address: 56001 DATE PALM LANE  
City-St-Zip: FREEPORT, FL

Title: VPD ( ) Delete  
Name: MEANS, RICHARD C  
Address: 56001 DATE PALM LANE  
City-St-Zip: FREEPORT, FL

Title: STD ( ) Delete  
Name: MADDEN, PATRICK  
Address: 56001 DATE PALM LANE  
City-St-Zip: FREEPORT, FL

**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:

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: JEFFREY C. GLOVER

P

06/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date