

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N13638

1. Entity Name
VERONA WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 7124
DELRAY BEACH, FL 33484 US

Mailing Address

P.O. BOX 7124
DELRAY BEACH, FL 33484 US

DO NOT WRITE IN THIS SPACE



03012007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0328046

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, STEPHEN
2980 SALERNO WAY
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000658055
03/15/07-80022-013 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MEADE, JOHN
2964 SAN REMO WAY
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MONROY, PAUL
2926 GENOA WAY
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
O'BRYANT, PAT
3050 SALERNO WAY
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ABBOTT, STEPHEN
2980 SALERNO WAY
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

Stephen Abbott **STEPHEN ABBOTT (TREASURER)**

3/1/2007

561-438-4227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #