

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13638

FILED
Apr 11, 2009
Secretary of State

Entity Name: VERONA WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O ARLENE WILLMAN
2945 SALERNO WAY
DELRAY BEACH, FL 33445 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0328046 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEADE, JOHN
2964 SAN REMO WAY
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

WILLMAN, ARLENE
2945 SALERNO WAY
DELRAY BEACH, FL 33445 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: ARLENE WILLMAN

04/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MEADE, JOHN
Address: 2964 SAN REMO WAY
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: DV () Delete
Name: CAFOZZI, MICHAEL
Address: 2922 CALABRIA WAY
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: PD () Delete
Name: O'BRYANT, PAT
Address: 3050 SALERNO WAY
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: SD () Delete
Name: BALLENTINE, TINA
Address: 2986 GENOA WAY
City-St-Zip: DELRAY BEACH, FL 33445 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WILLMAN, ARLENE
Address: 2964 SAN REMO WAY
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: DV (X) Change () Addition
Name: CAPOZZI, MICHAEL
Address: 2922 CALABRIA WAY
City-St-Zip: DELRAY BEACH, FL 33445 US

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: ARLENE WILLMAN

TD

04/11/2009

Electronic Signature of Signing Officer or Director

Date