
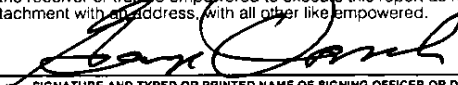


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90046 026 ****61.25

DOCUMENT # N20823 1. Entity Name THE VERANDAS AT SEA WOODS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 US			Mailing Address 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2868196 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03222007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent HART, JAMES W JR SENTRY MANAGEMENT, INC 2180 W SR 434, STE 5000 LONGWOOD, FL 32779				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 reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD CANNATARO, GEORGE 72-75 LITTLE NECK PKWY, #A1 GLEN OAKS, NY 110041128 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTRAND, CHARLES 44 MARYVALE DR APALACHIN NY 13732-3825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORSCH, GEORGE 4303 SEAMIST DR. # 225 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERACKA, EMILY 4315 SEA MIST DR. # 165 NEW SMYRNA BCH, FL 32169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, JOE 4303 SEAMIST DR. # 126 NEW SMYRNA BCH, FL 32169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, JOE 407 MORNINGSIDE DR WAVERLY NY 14892 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRUNKILTON, JOE 4311 SEAMIST DR. #236 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUNKILTON, DIANE 4311 SEA MIST DR #236 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3/29/07 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					