
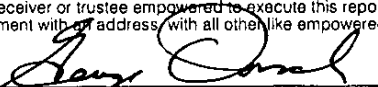


FILED
Apr 04, 2008 8:00 am
Secretary of State

46555120

| | | | | | | | |
|--|--|---|---------|--|---|--|----------|
| DOCUMENT # N20823 | | | |  | | 04-04-2008 90024 045 ****61.25 | |
| 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 | | 46000120 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03172008 Chg-NP CR2E037 (12/06) | | | |
| City & State | | City & State | | 4. FEI Number 59-2868196 | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| HART, JAMES W JR SENTRY MANAGEMENT, INC 2180 W SR 434, STE 5000 LONGWOOD, FL 32779 | | | | 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 _____ | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | <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 407 MORNINGSIDE DR WAVERLY, NY 14892 | <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 | 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:  | | | | 3/26/08 (386) 426-0954 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | | | |