## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N20823

FILED Mar 12, 2009 Secretary of State

Entity Name: THE VERANDAS AT SEA WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 US					
Current Mailing Address:			New Maili	New Mailing Address:	
2180 W SR SUITE 5000 LONGWOO		US			
FEI Number:	59-2868196	FEI Number Applied For ( ) FEI N	lumber Not App	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
HART, JAMES W JR SENTRY MANAGEMENT, INC 2180 W SR 434, STE 5000 LONGWOOD, FL 32779 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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VPD () [ CANNATARO, GE 72-75 LITTLE NE GLEN OAKS, NY	ECK PKWY, #A1	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	DORSCH, GEOR 4303 SEAMIST D		Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition DORSCH, GEORGE 4303 SEA MIST DR # 225 NEW SMYRNA BEACH, FL 32169	
Title: Name: Address: City-St-Zip:	D () I VERACKA, EMIL 4315 SEA MIST NEW SMYRNA B	DR. # 165	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I MCGUIRE, JOE 407 MORNINGSI WAVERLY, NY		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MCGUIRE, JOE 407 MORNINGSIDE DR #126 WAVERLY, NY 14892	
Title: Name: Address: City-St-Zip:	CRUNKILTON, JO 4311 SEAMIST D		Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition CRUNKILTON, JOE 4311 SEA MIST DR #236 NEW SMYRNA BEACH, FL 32169	
Title: Name: Address: City-St-Zip:	CRUNKILTON, D 4311 SEA MIST		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
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: GEORGE DORSCH PD 03/12/2009