

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FIL

06 MAR 14 11:15

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DOCUMENT # N43155 1. Entity Name VERANDA SPRINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9815 US 301 N PARRISH, FL 34219		Mailing Address 9815 US 301 N PARRISH, FL 34219			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0241315	
				Applied For <input type="checkbox"/> Not Applicable	
				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		
DUMBER, HARLAN ATTY 3900 CLARK RD, STE L-1 SARASOTA, FL 34233			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		
<i>Please change spelling</i> DUMBER, HARLAND			State 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 _____ DATE 03/20/06--01030--031 **\$1.25					
Amended AR is \$61.25		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	PD PERRY, SHIRLEY 9717 SUNCREST ST PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTER THOMPSON 3809 ASBURY DR. PARRISH FL 34219	Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTON, PAUL 3705 ASHBURY DR PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VERNON DOCKERY 3704 BELVOIR DR. PARRISH FL 34219	ViceP. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEIDMEYER, SUE 3521 VERANDA BLVD PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDA MAYDEN 9845 SUCIA CIRCLE PARRISH FL 34219	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COURTRIGHT, LINDA 9704 ROSARIO DR PARRISH, FL 34219	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 3/17/06	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <i>Linda R. Courtright</i> LINDA R. COURTRIGHT			3/8/06 941-776-0377		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			TREASURER		
			Date		
			Daytime Phone #		