

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90037 007 ****61.25

DOCUMENT # N97000000364

1. Entity Name

VERANDA I AT HERITAGE OAKS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ARGUS PROPERTY MGMT, INC
2477 STICKNEY PT RD 118-A
SARASOTA FL 34231
US

ARGUS PROPERTY MGMT, INC
2477 STICKNEY PT RD 118-A
SARASOTA FL 34231
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0728480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSS, DARLENE
2477 STICKNEY POINT RD 118-A
SARASOTA FL 34231

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P WEINSTEIN, MARK 5221 MAHOGANY RUN AVE, # 521 SARASOTA FL 34241	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP GIACINTO, FRANK 5241 MAHOGANY RUN, # 426 SARASOTA FL 34241	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	AS CROSS, DARLENE 2477 STICKNEY PT SUITE 118-A SARASOTA FL 34241	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	ST MILLER, JIM 5221 MAHOGANY RUN AVENUE SUITE 224 SARASOTA FL 34241	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP	Michael De Birolamo 5221 Mahogany Rd. Sarasota Fl. 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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:

Darlene Cross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

941-987-6464