

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90104 047 \*\*\*\*61.25

<b>DOCUMENT # N98000001158</b>					
<b>1. Entity Name</b> VERANDA II AT HERITAGE OAKS ASSOCIATION, INC.					
<b>Principal Place of Business</b> ARGUS PROPERTY MGMT, INC 2477 STICKNEY POINT RD 118-A SARASOTA, FL 34231 US			<b>Mailing Address</b> ARGUS PROPERTY MGMT, INC 2477 STICKNEY POINT RD 118-A SARASOTA, FL 34231 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 65-0820419	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CROSS, DARLENE 2477 STICKNEY POINT RD #118-A SARASOTA, FL 34231				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> VPD <b>NAME</b> GUALARDO, JOSEPH <b>STREET ADDRESS</b> 1763 GREENFIELD TERRACE <b>CITY-ST-ZIP</b> HIDDEN VALLEY, PA 15502	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Hugh Wright, P <b>NAME</b> 403 Coventry Rd <b>STREET ADDRESS</b> Battlecreek, MI 49015 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> WRIGHT, HUGH <b>STREET ADDRESS</b> 403 COVENTRY RD <b>CITY-ST-ZIP</b> BATTLE CREEK, MI 49015	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Glenn Potter, Sr <b>NAME</b> 5251 Mahogany Run Ave #524 <b>STREET ADDRESS</b> Sarasota, FL 34241 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> EDINGER, SUSAN <b>STREET ADDRESS</b> 1903 CARLYLE DR <b>CITY-ST-ZIP</b> PIQUA, OH 45356	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SUSAN EDINGER, VP <b>NAME</b> 1903 Carlyle Dr <b>STREET ADDRESS</b> Piqua, OH 45353 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> CROSS, DARLENE <b>STREET ADDRESS</b> 2477 STICKNEY DR #118-A <b>CITY-ST-ZIP</b> SARASOTA, FL 34231	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Darlene Cross</u> <u>Darlene Cross</u> <u>4/7/06</u> <u>941-927-6464</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					