

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90074 022 ****61.25

DOCUMENT # N98000003011

1. Entity Name

VERONA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**951 BROKEN SOUND PARKWAY
 BOCA RATON FL 33487**

**951 BROKEN SOUND PARKWAY
 BOCA RATON FL 33487**

2. Principal Place of Business

3111 NW Dene #725

3. Mailing Address

P.O. Box 93544

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Margate FL

Zip

33065

Country

USA

Zip

33093

Country

USA

4. FEI Number

65-0844390

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COMMUNITY ASSOCIATION SERVICES, INC.
 951 BROKEN SOUND PARKWAY
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **SWIFT Management Solutions**

Street Address (P.O. Box Number is Not Acceptable)
3111 N. UNIVERSITY DR. #725

City **Coral Springs FL** Zip Code **33065**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOGG, DAVID	
STREET ADDRESS	10386 NW 7TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, REGINALD	
STREET ADDRESS	10273 NW 7TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BISSONETTE, RICHARD	
STREET ADDRESS	10374 NW 7TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NAPOLEONI, ANTHONY JR	
STREET ADDRESS	10261 NW 7TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKNER, MANUAL DR	
STREET ADDRESS	10339 NW 7TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reginald Smith	
STREET ADDRESS	10273 NW 7TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VP President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Parkins	
STREET ADDRESS	10236 NW 7TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Musumeci	
STREET ADDRESS	10362 NW 7TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert MacLennan	
STREET ADDRESS	10224 NW 7TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEED Shelton	
STREET ADDRESS	10248 NW 7TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/16/02 341-6340

CR2E037 (9/01)