## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 09, 2006 8:00 am Secretary of State 03-09-2006 90164 027 \*\*\*\*61.25

DOCUMENT # N9800003011  1. Entity Name VERONA HOMEOWNERS ASSOCIATION, INC.							03-09-200	6 90164 02	27 ****61	1.25
1750 UNIV. DR., #205			Mailing Address 1750 UNIV. DR., #205 CORAL SPRINGS, FL 33071 US				TYNK BEGI ERIFO IN	III <b>de</b> tri konge ilt	MINI NE ANNI	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262006	Chg-NP	CR2E03	7 (11/05)	
City & State			City & State			4. FEI Numbe 65-084		_	_ <del> </del>	plied For ot Applicable
Zip Country		Zip	Zip Cour		5. Certificate	of Status Desired		\$8.75 Add	litional	
	6. Name and A	Address of Current R	Registered Agent			7. Name and	Address of New	Registered A	gent	
CIASET MA	NACEMENT	OLUTIONO.			Name	•				
SWIFT MANAGEMENT SOLUTIONS 1750 UNIV. DR., #205 CORAL SPRINGS, FL 33071				-	Street Addre	ss (P.O. Box Numbe	er is Not Acceptal	ble)		
					City			FL	Zip Code	е
The above named entity submits this statement for the purpose of changing its registere					1 -40					
	ions of registered a		me burbose or changing in	s registeret	u onice or regi	istered agent, or bot	n, in the State of I	riorida. Tam i	ammar witn,	and accept
SIGNATURE .	Signature, typed or printe	ed name of registered agent a	nd title if applicable. (NO	TE: Registered	Agent signature rec	jured when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006			D. Flastina Ca	9. Election Campaign Financing Trust Fund Contribution.				Atales absolu	navable to	_
	Due by May 1					\$5.00 May B Added to Fees	e Fi	Make check orida Depart		
10.	Due by May 1		Trust Fund			\$5.00 May B Added to Fees ADDITIONS/CH/	FJ.	orida Depart	ment of St	tate
10.		, 2006	Trust Fund	Contributio	on.	Added to Fees  ADDITIONS/CHA	ANGES TO OFFIC	orida Depart	ment of St	tate
		OFFICERS AND DIR	Trust Fund	Contributio	on.	Added to Fees  ADDITIONS/CHA  TESIOLIT  SO Chrise	ANGES TO OFFIC	orida Depart	ment of St	10
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TITLE NAME	PEPKOWSKI,	OFFICERS AND DIRICE CONTROL OF	Trust Fund	11. TITLE NAME	T ADDRESS NO.	Added to Fees  ADDITIONS/CHA  TESIOLIT  SO Chrise	ANGES TO OFFICE	orida Depart	ment of St	10
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR