

# 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 # N98000003011**

1. Entity Name  
**VERONA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1750 UNIV. DR., #205  
CORAL SPRINGS, FL 33071 US**

Mailing Address  
**1750 UNIV. DR., #205  
CORAL SPRINGS, FL 33071 US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01262006 Chg-NP CR2E037 (11/05)

City & State  
Zip Country

4. FEI Number  
**65-0844390**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SWIFT MANAGEMENT SOLUTIONS  
1750 UNIV. DR., #205  
CORAL SPRINGS, FL 33071**

**7. Name and Address of New Registered Agent**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	<input type="checkbox"/> Delete
<del>VP</del> Director	PEPKOWSKI, KEVIN	10236 NW 7 STREET	CORAL SPRINGS, FL 33071	<input type="checkbox"/>
D	SHELTON, FRED	10248 NW 7 STREET	CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Lisa Chmiel	10315 NW 7 St	Coral Springs, FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Mark Churchill	10200 NW 7 St	Coral Springs, FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Stacey Nunez	10362 NW 7 St	Coral Springs, FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Mark Thompson	10326 NW 7 St	Coral Springs, FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/10 3416344