

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

08 FEB 14 AM 8:50

2-19-08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

**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 - No P.O. Box #  
7300 W. McNab Rd.  
Suite, Apt. #, etc.  
Suite 220  
City & State  
Tamarac, FL  
Zip  
33321  
Country  
US

3. Mailing Address  
7300 W. McNab Rd.  
Suite, Apt. #, etc.  
Suite 220  
City & State  
Tamarac, FL  
Zip  
33321  
Country  
US

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  
Property Management Partners  
Street Address (P.O. Box Number is Not Acceptable)  
7300 W. McNab Rd #220  
City  
Tamarac  
FL  
Zip Code  
33321

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 *Maureen Lucipato*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPKOWSKI, KEVIN 10236 NW 7 STREET CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHURCHILL, MARK 10200 NW 7TH ST CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHMIEL, LISA 10315 NW 7 ST CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300118070693 02/14/08 01033-027 \$122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUNEZ, STACEY 10362 NW 7 ST CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, MARK 10326 NW 7 ST CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.

SIGNATURE: *Mark Churchill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/08 754-396-7942  
Date Daytime Phone #