

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90298 025 ****61.25

DOCUMENT # N99000001446					
1. Entity Name VERANDA IV AT HERITAGE OAKS ASSOCIATION, INC.					
Principal Place of Business 2477 STICKNEY PT RD #118A SARASOTA, FL 34231			Mailing Address 2477 STICKNEY PT RD #118A SARASOTA, FL 34231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0915195	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROSS, DARLENE 2477 STICKNEY PT RD #118A SARASOTA, FL 34231			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME GERRY, NANCY STREET ADDRESS 5210 HH AVE #1124 CITY-ST-ZIP SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete				
TITLE VP NAME RONALLI, ANTHONY STREET ADDRESS 5240 HH AVE #1421 CITY-ST-ZIP SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete				
TITLE ST NAME MANOR, BARBARA STREET ADDRESS 5220 HH AVE #1215 CITY-ST-ZIP SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete				
TITLE AS NAME CROSS, DARLENE STREET ADDRESS 2477 STICKNEY PT RD #118A CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE TONY RANALLI, P NAME 5240 Hyland Hills Ave #1421 STREET ADDRESS Sarasota, FL 34241 CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE Lionel Smith, VP NAME 5240 Hyland Hills Ave #1411 STREET ADDRESS Sarasota, FL 34241 CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE Harry Najarian, D NAME 5220 Hyland Hills Ave #1216 STREET ADDRESS Sarasota, FL 34241 CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				



04062006 Chg-NP CR2E037 (11/05)

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:

Darlene Cross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

941-927-6464

Daytime Phone #