2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 21, 2008 8:00 am Secretary of State DOCUMENT # N99000001446 1. Entity Name 04-21-2008 90052 028 ****61.25 VERANDA IV ÂT HERITAGE OAKS ASSOCIATION, INC. Principal Place of Business Mailing Address 2477 STICKNEY PT RD #118A 2477 STICKNEY PT RD #118A SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0915195 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROSS, DARLENE Street Address (P.O. Box Number is Not Acceptable) 2477 STICKNEY PT RD #118A SARASOTA FL 34231 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, typeri or printed name of registered agent and theid applicable (NOTE: Roastered Agent signature required when reinstaunc) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE X Addition RANALLI, TONY P NAME NAME JOLA Hills Ave # 1225 5240 HYLAND HILLS AVE 1421 STREET ADDRESS STREET ADDRESS saao Hyland SARASOTA FL 34241 CITY-ST-ZIP CITY - ST - ZIP FL. 342 YI VP ☐ Delete TETLE TITLE ☐ Change ☐ Addition SMITH, LIONEL NAME NAME 5240 HYLAND HILLS AVE 1411 STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP Daleta. T!T! F TITLE Change - Addition-NAJARIAN, HARRY D NAME STREET ADDRESS 5220 HYLANDS HILLS AVE 1216 STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP THE AS ☐ Delete TITLE Addition CROSS, DARLENE NAME MAME 2477 STICKNEY PT RD #118A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP THILE Delete 1000 Change Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE ☐ Delete THEFT ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: ____Oarli 3/21/08 DALLENE 941-927-6464

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 outh; 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.