

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90051 021 ****61.25



DOCUMENT # N00000001077

1. Entity Name
VERANDA V AT FAIRWAY ISLE ASSOCIATION, INC.

Principal Place of Business
**C/O P & M PROPERTY MANAGEMENT
 15660 SAN CARLOS BLVD., #40
 FT. MYERS, FL 33908**

Mailing Address
**C/O P & M PROPERTY MANAGEMENT
 15660 SAN CARLOS BLVD., #40
 FT. MYERS, FL 33908**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03082004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1037235

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAPP, PAUL L C/O P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908		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) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	DVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAYLOR, MARGE			NAME	Naylor, Marge		
STREET ADDRESS	10220 WASHINGTONIA PALM #1811			STREET ADDRESS	15660 San Carlos Blvd #40		
CITY-ST-ZIP	FORT MYERS, FL			CITY-ST-ZIP	Ft. Myers, FL 33908		
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITE, CHARLES			NAME	Gerald Wrend		
STREET ADDRESS	10230 WASHINGTONIA PALM WAY			STREET ADDRESS	15660 San Carlos Blvd #40		
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	Ft. Myers, FL 33908		
TITLE	DST	<input type="checkbox"/> Delete		TITLE	DST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISEBRANDE, SHARON			NAME	Isebrande Sharon		
STREET ADDRESS	10240 WASHINGTONIA PALM WAY			STREET ADDRESS	15660 San Carlos Blvd.		
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	Ft. Myers, FL 33908		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gerald P. Wrend President Date: 3/15/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #