


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90029 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
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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1037235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAPP, PAUL L
 C/O P & M PROPERTY MANAGEMENT
 15660 SAN CARLOS BLVD., #40
 FT. MYERS, FL 33908

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NAYLOR, MARGE 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WREND, GERALD 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ISEBRANDE, SHARON 15660 SAN CARLOS BLVD. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 L. Wrend* **President** 1/17/05 239-275-8628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #