

5060

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90202 036 ****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

40081739



2. Principal Place of Business - No P.O. Box #
14360 TAMIAAMI TRAIL

3. Mailing Address
14360 TAMIAAMI TRAIL

Suite, Apt. #, etc.
UNIT B

Suite, Apt. #, etc.
UNIT B

01122007 Chg-NP CR2E037 (12/06)

City & State
FORT MYERS FL

City & State
FORT MYERS FL

Zip
33912

Country
LEE

Zip
33912

Country
LEE

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

7. Name and Address of New Registered Agent
Name
Str *P & M Property Management*
14360 So. Tamiami Trail, Unit B
City *Fort Myers, Florida 33912*
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office to the obligations of registered agent.

SIGNATURE *Paul L Sapp* DATE *4-12-07*

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

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	DVP NAYLOR, MARGE 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>Bob Hagen</i> <i>14360 S Tamiami Trail # B</i> <i>FORT MYERS FL 33912</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WREND, GERALD 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT</i> <i>Gary Kuchte</i> <i>14360 S Tamiami Trail # B</i> <i>FORT MYERS FL 33912</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ISEBRANDE, SHARON 15660 SAN CARLOS BLVD. FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SIT</i> <i>Chuck Krober</i> <i>14360 S Tamiami Trail # B</i> <i>FORT MYERS FL 33912</i> <input 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
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
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: *Robert A. Hagen* DATE: _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR