

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90127 020 ****61.25

DOCUMENT # **N00000001077**

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



Principal Place of Business
**10060 AMBERWOOD RD. SUITE 4
FORT MYERS FL 33913**

Mailing Address
**10060 AMBERWOOD RD. SUITE 4
FORT MYERS FL 33913**

2. Principal Place of Business
**Gulf Coast Management Services
11691 Gateway Blvd. #102
Fort Myers, FL 33913**

3. Mailing Address
**Gulf Coast Management Services
11691 Gateway Blvd. #102
Fort Myers, FL 33913**



CHECK HERE IF MAKING CHANGES

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

**HAYDEN, KEN
10060 AMBERWOOD RD, SUITE 4
FORT MYERS FL 33913**

7. Name and Address of New Registered Agent

Name **Ken Hayden**
Street Address (P.O. Box Number is Not Acceptable)
11691 Gateway Blvd. #102
City **Fort Myers, FL 33913**

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. I am familiar with, and accept

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

| | | |
|----------------|--------------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | SCHAFFER, PAUL | |
| STREET ADDRESS | 10210 WASHINGTON PALM #1713 | |
| CITY-ST-ZIP | FORT MYERS FL | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | NAYLOR, MARGE | |
| STREET ADDRESS | 10220 WASHINGTONIA PALM #1811 | |
| CITY-ST-ZIP | FORT MYERS FL | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | WHITE, CHARLES | |
| STREET ADDRESS | 10230 WASHINGTONIA PALM WAY | |
| CITY-ST-ZIP | FORT MYERS FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Charles White | |
| STREET ADDRESS | 10230 Washingtonia Palm Way #1914 | |
| CITY-ST-ZIP | Ft. Myers, FL 33912 | |
| TITLE | Ds/P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sharon Isebrande | |
| STREET ADDRESS | 10240 Washingtonia Palm Way #2014 | |
| CITY-ST-ZIP | Ft. Myers, FL 33912 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: *Charles E. Redolante* 2-6-03 274-5947

CR2E037 (10/02)