


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003618
 1. Entity Name
 VERANDA IV AT FAIRWAY ISLES ASSOCIATION, INC.



Principal Place of Business Mailing Address
 12734 KENWOOD LN STE 49 12734 KENWOOD LN STE 49
 FORT MYERS, FL 33907 FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE



05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-1020745 Not Applicable

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

6. Name and Address of Current Registered Agent
 TROPICAL ISLES MANAGEMENT
 12734 KENWOOD LANE, STE 49
 FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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 September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	SIDER, DAVID
STREET ADDRESS	10235 BISMARK PALM WAY #1513
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DST
NAME	HELZERMAN, TOM
STREET ADDRESS	532 BURSWOOD CT
CITY-ST-ZIP	ANN ARBOR, MI 48103
TITLE	DP
NAME	BERGHAUSER, ROBERT
STREET ADDRESS	10255 BISMARK PALM WAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	ASM
NAME	REDDING, DON
STREET ADDRESS	12734 KENWOOD LN #49
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1100000366975
 05/16/05-80014-015 61.25

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: Don Redding 5/16/05 (239) 539-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #