2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 27, 2007 8:00 am Secretary of State

03-27-2007 90010 033 ****70.00

DOCUMENT # N0200007193 1. Entity Name VERANDAH COMMUNITY ASSOCIATION, INC.							07 90010 0)33 ****7	0.00	
Principal Place of Business 9990 COCONUT RD STE 200 BONITA SPRINGS, FL 34135		Mailing Address 9990 COCONUT RD STE 2 BONITA SPRINGS, FL 34			4	00423	18			
2. Principal Place of Business - Ng P.O. Box #		3. Mailing Address					ISO MUSIC WHICH MUSIC IS		MIID) TI 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132007	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Numbe 02-065	7569			pplied For ot Applicable	
Zip	Country	Zip	Country	**		of Status Desir	ed 😿	\$8.75 Ad	ditional	
	6. Name and Address of Current F	l		_	7. Name and	Address of N	ew Registered			
GILKEY, DENNIS E				lame Pamela S. Mac Kie						
9990 COCONUT RD STE 200 BONITA SPRINGS, FL 34135				Street Address (P.O. Box Number is Not Acceptable)						
BOMITAG	1100,12 04100			. , .						
			CityB	ก์ก _ไ	tason	ines	FI	Zip Coo	1/35	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its Pameu	gistered office of A	register C	ed agent or bot	h, in () e State	of Florida. I am	familiar with	, and accept	
SIGNATURE .	mmu	Sair Dir.		ga	_	~ /	Girs	370	5-07	
Oldivitoria.	Signature, typed or printed name of registered agent a	ng title if applicable. (NOTE: R	Registered Agent signat	ure required			DATE			
, , , , , , , , , , , , , , , , , , ,	Signature, typed or printed name of registered agont a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	aign Financing	ure fequired		e	-	ck payable street of S		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Col	paign Financing ntribution.		when reinstating)		Make chec Florida Depa	IRECTORS II	State V 10	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Col	paign Financing ntribution.		\$5.00 May B Added to Fees		Make chec Florida Depa	rtment of S	State	
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12. I hereby certify that the information supplied with this filling 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:

(235)495.10N