

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90441 018 ****61.25

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1. Entity Name
IDLEWILD AT VERANDAH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5801 PELICAN BAY BOULEVARD
 SUITE 600
 NAPLES, FL 34108**

Mailing Address
**5801 PELICAN BAY BOULEVARD
 SUITE 600
 NAPLES, FL 34108**

60031109



2. Principal Place of Business
**Advanced Prop. Mgmt
 Suite, Apt. #, etc.
 1035 Collier Center Way #7
 Naples, FL**

3. Mailing Address
**Advanced Prop. Mgmt.
 Suite, Apt. #, etc.
 1035 Collier Center Way #7
 Naples, FL**

02152006 Chg-NP CR2E037 (11/05)

City & State
Naples, FL

City & State
Naples, FL

Zip
34110

Country
USA

Zip
34110

Country
USA

4. FEI Number
06-1714562

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RUEMLER, TIMOTHY J
 5801 PELICAN BAY BOULEVARD
 SUITE 600
 NAPLES, FL 34108**

7. Name and Address of New Registered Agent:

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Harold Heistand* DATE 4/21/06

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, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HALLARAN, DAN 5801 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEITER, DAN 5801 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST UNSINN, DIANA 5801 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Harold Heistand 3110 Meandering way #102 Ft. Myers, FL 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Menge 3120 Meandering way #201 Ft. Myers, FL 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Roy Schuttis 3080 Meandering way #201 Ft. Myers, FL 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director May Moline 3080 Meandering way #201 Ft. Myers, FL 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ted Ingalls 3080 Meandering way #202 Ft. Myers, FL 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Harold Heistand* DATE 4/21/06 DAYTIME PHONE # (239) 694-4537

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