

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003068

FILED
Jan 29, 2009
Secretary of State

Entity Name: COTTONWOOD BEND AT VERANDAH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT
3435 10 ST N #201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT
3435 10 ST N #201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-2609500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDLAND, MARK
C/O INTERGRATED PROPERTY MGMT
3435 10TH ST N #201
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BRIST, DAMON
Address: 3231 COTTONWOOD BEND #302
City-St-Zip: FT MYERS, FL 33905

Title: D () Delete
Name: WALKER, RICHARD
Address: 3171 COTTONWOOD BEND #1103
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: EVERETT, WILLIAM
Address: 3121 COTTONWOOD BEND #601
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: WALKER, RICHARD
Address: 3171 COTTONWOOD BEND #1103
City-St-Zip: FORT MYERS, FL 33905

Title: DST (X) Change () Addition
Name: EVERETT, WILLIAM
Address: 3121 COTTONWOOD BEND #601
City-St-Zip: FT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMON BRIST

DP

01/29/2009

Electronic Signature of Signing Officer or Director

Date