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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 2:18

DOCUMENT # N93000000571 (0)

1. Corporation Name

THE VERANDAS AT LELY FLAMINGO ISLAND CLUB CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~850 NORTH COLLIER BLVD., #308~~ ~~MARCO ISLAND FL 33937-2716~~	~~850 NORTH COLLIER BLVD., #308~~ ~~MARCO ISLAND FL 33937-2716~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 09/29/1994
4. FEI Number: 65-0495212 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 PANTHER TRAIL	26 P.O. Box 8990
Suite, Apt. #, etc. 22 NAPLES, FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28 NAPLES, FL
Zip 24 33963 Country 25 COLLIER	Zip 29 33941-8990 Country 30 COLLIER

9. Name and Address of Current Registered Agent

BOFF, JOSEPH D
1069 NORTH COLLIER BLVD., #308
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	11 TITLE	☐ Change ☐ Addition
NAME	BOFF, JOSEPH D	12 NAME	
STREET ADDRESS	950 N. COLLIER BLVD., #308	13 STREET ADDRESS	
CITY ST ZIP	MARCO ISLAND FL 33937	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	VIVIANO, VITO	22 NAME	
STREET ADDRESS	993 LAKESHORE DR.	23 STREET ADDRESS	
CITY ST ZIP	GROSSE POINTE MI 48236	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	VANDERLAAN, ARTHUR	32 NAME	
STREET ADDRESS	RR#1	33 STREET ADDRESS	
CITY ST ZIP	PORT COLBORNE ONTARIO CANAD	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/26/95 813/394-3114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018818