FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N93000000571 (0)**

1. Corporation Name

THE VERANDAS AT TIGER ISLAND CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PANTHER TRAIL NAPLES FL 33963 US	P O BOX 8990 NAPLES FL 33941-8890 US

3. Date Incorporated or Qualified: 02/05/1993

3a. Date of Last Report: 06/02/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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: BOFF JOSEPH D

82 Street Address (P.O. Box Number is Not Acceptable): 950 N. COLLIER BLVD #308

83

84 City: MARCO ISLAND FL 85 Zip Code: 33937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: JOSEPH D. BOFF PRESIDENT DATE: 4/29/96

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOFF, JOSEPH D		1.2 NAME		
STREET ADDRESS	950 N. COLLIER BLVD., #308		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 33937		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VIVIANO, VITO		2.2 NAME		
STREET ADDRESS	993 LAKESHORE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GROSSE POINTE MI 48236		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VANDERLAAN, ARTHUR		3.2 NAME		
STREET ADDRESS	RR#1		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT COLBORNE ONTARIO CANAD		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: JOSEPH D. BOFF 4/29/96 (941) 394-3114

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