## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## 1998 DOCUMENT # N9300000571 (0)

THE VERANDAS AT TIGER ISLAND CONDOMINIUM III ASS

| OUNTION, INC.                                                          |                                                                                                                    |                                      |                                        |                                                            |                                                   |                                   |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|------------------------------------------------------------|---------------------------------------------------|-----------------------------------|
| Principal Place of Business Mailing Address                            |                                                                                                                    |                                      |                                        |                                                            | I LOBSTHIN DIM SOUR THAT BOTH MENT BOTH BOTH BOTH | ati nghan dhim landt rint ladh    |
| PANTHER TRAIL P.O BOX 2244 NAPLES FL 34113 MARCO ISLAND FL 34146 US US |                                                                                                                    |                                      |                                        |                                                            | 3. Date Incorporated or Qualified                 |                                   |
|                                                                        |                                                                                                                    |                                      |                                        |                                                            | 02/05/1993                                        |                                   |
| ••                                                                     |                                                                                                                    | 00                                   |                                        |                                                            | 4. FEI Number                                     | Applied For                       |
|                                                                        |                                                                                                                    |                                      |                                        |                                                            | 65-0495212                                        | Not Applicable                    |
| 2. Principal P                                                         | 2. Principal Place of Business 2a. Mailing Address 2b. 2a. Mailing Address 2b. |                                      |                                        |                                                            | 5. Certificate of Status Desired                  | \$8.75 Additional<br>Fee Required |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                                |                                                                                                                    |                                      | ······································ |                                                            | 6. Election Campaign Financing                    | \$5,00 May Be                     |
| 22                                                                     | 27                                                                                                                 |                                      |                                        |                                                            | Trust Fund Contribution Added to Fees             |                                   |
| City & State City & State                                              |                                                                                                                    |                                      |                                        | 7. Is this nonprofit corporation a homeowners association? |                                                   |                                   |
| 23                                                                     |                                                                                                                    | 26 / WCO CK                          | and, F                                 | <u> </u>                                                   | Yes [                                             | ] No                              |
| Zip                                                                    | Country                                                                                                            | Zion Chilla                          | Country                                |                                                            | 8. This corporation owes or has paid the cur-     | rent year intangible              |
| 24                                                                     | 25                                                                                                                 |                                      |                                        | <u> </u>                                                   |                                                   | Yes No                            |
|                                                                        | 9. Name and Address of Curren                                                                                      | t Registered Agent                   |                                        |                                                            | 10. Name and Address of New Registered            | Agent                             |
|                                                                        |                                                                                                                    |                                      | 81 N                                   | me                                                         |                                                   |                                   |
| TORO, ADELE J                                                          |                                                                                                                    |                                      |                                        | eet Addre                                                  | ess (P.O. Box Number is Not Acceptable)           |                                   |
| 8063 PA                                                                | 8063 PANTHER TRAIL                                                                                                 |                                      |                                        |                                                            | to the sex remoter is not resolution              |                                   |
| #130 J                                                                 |                                                                                                                    |                                      | 83                                     |                                                            |                                                   |                                   |
|                                                                        | FL 34113                                                                                                           |                                      | 1-4-                                   |                                                            |                                                   | 16-1 # 6-4                        |
|                                                                        |                                                                                                                    |                                      |                                        | FL 85 Zip Co                                               |                                                   | 85 Zip Code                       |
| SIGNATURE                                                              | Signature, typed or printed name of registered age                                                                 | nt and title if applicable. (NOTE: I | Registered Agent sig                   |                                                            |                                                   |                                   |
| 12.                                                                    | OFFICERS AN                                                                                                        |                                      | 13.                                    |                                                            | ADDITIONS/CHANGES TO OFFICERS AND                 |                                   |
| TITLE                                                                  | PD                                                                                                                 | ☐ DELETE                             | 1.1 TITLE                              |                                                            |                                                   | ☐ Change ☐ Addition               |
| NAME                                                                   | TORO, ADELE                                                                                                        |                                      | 1.2 NAME                               | 1                                                          |                                                   |                                   |
| STREET ADDRESS                                                         | 8063 PANTHER TRAIL #1301                                                                                           |                                      | 1.3 STREET ADDR                        | ESS (                                                      |                                                   |                                   |
| CITY-ST-ZIP                                                            | NAPLES FL                                                                                                          |                                      | 1.4 CITY - ST - ZIP                    |                                                            |                                                   |                                   |
| TITLE                                                                  | TD .                                                                                                               | ☐ DELETE                             | 2.1 TITLE                              | - [                                                        |                                                   | Change Addition                   |
| NAME                                                                   | Sullivan, William                                                                                                  |                                      | 2.2 NAME                               | į                                                          |                                                   |                                   |
| STREET ADDRESS                                                         | 8063 PANTHER TRAIL #1401                                                                                           |                                      | 2.3 STREET ADDR                        | ESS                                                        |                                                   |                                   |
| CITY-ST-ZIP                                                            | NAPLES FL                                                                                                          |                                      | 2. 4 CITY-ST-ZIF                       |                                                            |                                                   |                                   |
| TITLE                                                                  | \$D                                                                                                                | DELETE                               | 3.1 TITLE                              |                                                            |                                                   | Change Addition                   |
| NAME                                                                   | FLOOD, ROBERT                                                                                                      |                                      | 3.2 NAME                               |                                                            |                                                   |                                   |
| STREET ADDRESS                                                         | 8053 PANTHER TRAIL #1203                                                                                           |                                      | 3.3 STREET ADDR                        | ESS                                                        |                                                   |                                   |
| CITY - ST - ZIP                                                        | NAPLES FL                                                                                                          |                                      | 3.4. City-ST-Zi                        |                                                            |                                                   |                                   |
| TITLE                                                                  |                                                                                                                    | DELETE                               | 4.1 TITLE                              |                                                            |                                                   | Change Addition                   |
| NAME                                                                   |                                                                                                                    |                                      | 4. 2 NAME                              | Ì                                                          |                                                   | Į.                                |
| STREET ADDRESS                                                         |                                                                                                                    |                                      | 4.3 STREET ADDR                        | ESS                                                        |                                                   |                                   |
| CITY-ST-ZIP                                                            |                                                                                                                    |                                      | 4.4 CITY-ST-ZIP                        |                                                            |                                                   |                                   |
| TITLE                                                                  |                                                                                                                    | DELETE                               | 5.1 TITLE                              |                                                            |                                                   | Change Addition                   |
| NAME                                                                   |                                                                                                                    |                                      | 5.2 NAME                               |                                                            |                                                   |                                   |
| STREET ADDRESS                                                         |                                                                                                                    |                                      | 5.3 STREET ADDR                        | ESS                                                        |                                                   |                                   |
| CITY-ST-ZIP                                                            |                                                                                                                    |                                      | 5.4 CITY - ST - ZIP                    | -                                                          |                                                   | Ì                                 |
| TITLE                                                                  |                                                                                                                    | ☐ DELETE                             | 6.1 TITLE                              |                                                            |                                                   | ☐ Change ☐ Addition               |
| **                                                                     | T .                                                                                                                |                                      |                                        | 1                                                          |                                                   | =                                 |

6.2 NAME

6.3 STREET ADDRESS

I 64 CITY-ST-ZIP

Thereby certify that the information supplied with this filing 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.

GNATURE:

3/30/98 **SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP