

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000571

Corporation Name

THE VERANDAS AT TIGER ISLAND CONDOMINIUM III ASS
OCIATION, INC.

Principal Place of Business

Mailing Address

PANTHER TRAIL
NAPLES FL 34113
US

P.O. BOX 1723
MARCO ISLAND FL 34146
US

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90050 045 ****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/05/1993	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	65-0495212	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

TORO, ADELE J
8063 PANTHER TRAIL
#130
NAPLES FL 34113

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TORO, ADELE	1.2 NAME	
STREET ADDRESS	8063 PANTHER TRAIL #1301	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☒ Change ☐ Addition
NAME	SULLIVAN, WILLIAM	2.2 NAME	STD Sullivan, William
STREET ADDRESS	8063 PANTHER TRAIL #1401	2.3 STREET ADDRESS	8063 Panther Trail #1401
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 34113
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	FLOOD, ROBERT	3.2 NAME	VD Flood, Robert
STREET ADDRESS	8053 PANTHER TRAIL #1203	3.3 STREET ADDRESS	8053 Panther Trail #1203
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 34113
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

Daytime Phone #

CR2E037-11/98