2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90271 034 ****61.25

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1. Entity Name
THE VERANDAS AT TIGER ISLAND CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2685 HORSESHOE DR S #215 NAPLES, FL 34104 US	2685 HORSESHOE DR SOUTH SUITE 215 NAPLES, FL 34104 US

03312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
834 Bald Eagle Dr Suite, Apt. #, etc.	834 Bald Eagle Dr. Suite, Apt. #, etc.
City & State: Marco Island FL	City & State: Marco Island FL
Zip: 34145 Country: USA	Zip: 34145 Country: USA

4. FEI Number 65-0495212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALATINTO, JOSEPH 8053 PANTHER TRL. #1203 NAPLES, FL 34113	Name: Kirk Wilson Street Address (P.O. Box Number is Not Acceptable): 8043 Panther Trail #1101 City: Naples FL. Zip Code: 34113

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CIALLELLA, MICHAEL 1503 S JUIPER ST. PHILADELPHIA, PA 191476217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILSON, KIRK 8043 PANTHER TRAIL #1101 NAPLES, FL 34113	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Wilson, Kirk 8043 Panther Trail #1101 Naples FL 34113 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALATIOTO, JOSEPH 8053 PANTHER TRAIL #1203 NAPLES, FL 34113	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Madonia, Frank & Sandra 8023 Panther Trail #901 Naples FL 34113 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Ciallella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #