## \*2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT,

## FILED DOCUMENT # N93000000571 06 AUG -8 PM 2: 02 1. Entity Name THE VERANDAS AT TIGER ISLAND CONDOMINIUM III \*SSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA R#ncipal Place of Business Mailing Address 834 BALD EAGLE DR 834 BALD EAGLE DR MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34145 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07032006 Chq-NP CR2E037 (4/06) Applied For City & State 4. FEI Number 65-0495212 City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, KIRK 8043 PANTHER TRL. #1101: NAPLES, FL 34113 Marco Island 8. The above named entity supmits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE tered Agent signature required when reinstating) registered agent and title if applicable 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TD ☐ Defete TITLE TITLE GALATIOTO, JOSEPH NAME NAME 500078761265 STREET ADDRESS 8013 PANTHER TRAIL #802 STREET ADORESS 08/16/06--01015--023 \*\*S1.25 CITY+ST-ZIP NAPLES, FL 34113 CITY-ST-ZIP Change Addition PΩ ☐ Delete TITLE TITLE TORO SAL NAME NAME 8063 PANTHER TRAIL #1301 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 34113 VDP ☐ Delete TITLE ☐ Change ☐ Addition TITLE COLE, KEVIN NAME 8083 PANTHER TRAIL #1504 STREET ADDRESS STREET ADDRESS NAPLES, FL 34113 CITY-ST-ZIP CITY-ST-ZIP Addition Sec , it is to it TILLE Change □ Delete NAME NAME Toro, Adeic STREET ADDRESS STREET ADDRESS 8063 Danther Trail # 1301 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34113 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fike empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR