## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 16, 2003 8:00 am Secretary of State DOCUMENT # N9300000571 04-16-2003 90122 039 \*\*\*\*61.25 1. Entity Name THE VERANDAS AT TIGER ISLAND CONDOMINIUM III ASS OCIATION, INC. Principal Place of Business Mailing Address 2685 HORSESHOE DR SOUTH PANTHER TRAIL NAPLES FL 34113 SUITE 215 NAPLES FL 34104 2. Principal Place of Business Resort Marti 3. Mailing Address Horseshoe A S Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0495212 4 Not Applicable Zip 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 palatinto METRIE, WILLIAM 8005 TIGER COVE #103 NAPLES FL 34113 Zin Code 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. SIĞNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Ą. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ✓ Addition TITLE 🗷 Delete TITLE ☐ Change Ciallella, Michael MERIE, WILLIAM NAME NAME 1503 S. Julper 8005 TIGER COVE #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113

VPD TITLE ☐ Delete TITLE ☐ Change Addition wilson, Kirk NAME NAME STREET ADDRESS 8043 PANTHER TRAIL #1101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113 ☐ Delete TITLE Change Change ☐ Addition Galatioto Joseph GALATIOTO, JOSEPH NAME NAME STREET ADDRESS 8053 PANTHER TRAIL #1203 STREET ADDRESS 8053 Parther Trail #1203 CITY-ST-ZIP NAPLES FL 34113 CITY-ST-ZIP Naples EL 34113 TITLE Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITI F TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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: