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 # N98000001203

VERANDA I AT FAIRWAY ISLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10491 SIX MILE CYPRESS PARKWAY	10491 SIX MILE CYPRESS PARI
SUITE 101	SUITE 101
FORT MYERS FL 33912	FORT MYERS FL 33912

FILED								
Mar 10, 1999 8:00 am								
Secretary of State								
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Principal Place of Business Mailing Address								
10491 SIX MILE CYPRESS PARKWAY SUITE 101 FORT MYERS FL 33912 10491 SIX MILE CYPRESS SUITE 101 FORT MYERS FL 33912 FORT MYERS FL 33912		s parkw <i>i</i>	¥Υ					
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed		· <u></u>
21		26				03/02/1998		-11-15
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number 65-0825019		plied For at Applicable
22		City 9 State				63-0023017	\$8.75	
City & State	е	City & State				5. Certifcate of Status Desired	Fee Re	
Zip	Country	Zip	Cot	intry		6. Election Campaign Financing	\$5.00	May Be
24	25	29	30			Trust Fund Contribution	Added 1	to Fees
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	d Agent	<u> </u>
				81	Name			
SHIELDS,	CHRISTOPHER J			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	DRY STREET			83	•		 .	
FORTMYE	ERS FL 33901			84	City		. 85 Zip (Code
				1	i	oration submits this statement for the purpose	Lii	
SIGNATURE	Signature, typed or printed name of registered age: OFFICERS AN	nt and title if applicable. (NOT	E: Registered	l Agen	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO O	AND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 ∏	TLE			Change	Addition
NAME	GRIMES, JOSEPH		1.2 N	AME				
STREET ADDRESS	10491 SIX MILE CYPRESS PAR	KWAY #101	1.3 S	TREET	T ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33912		1.4 C	ITY-\$1	T-ZIP			
TITLE	D	☐ DELETE	2,1 TI	TLE			☐ Change	☐ Addition
NAME	MCMURRAY, DARIN		2.2 N	AME				
STREET ADDRESS	10491 SIX MILE CYPRESS PAR	KWAY #101	2.3 \$	TREET	T ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33912		2.40	CITY-S	ST-ZIP			
TITLE	D	DELETE	3.1 T	ΠLE			☐ Change	Addition Addition
NAME	BURNS, ALAN R		3.2 N					
STREET ADDRESS	10491 SIX MILE CYPRESS PAF	KWAY #101			TADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33912				ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TI				TT colorida	
NAME			4	AME	********			
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C	ITY-S'	1-217		Change	☐ Addition
			5.1 N					_ `
NAME STREET ADDRESS					T ADDRESS			
STREET ADDRESS				ITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 T				☐ Change	Addition
NAME			6.2 N	AME		5.41		
STREET ADDRESS			6.3 S	TREET	T ADDRESS	profit.		• •
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14. If 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:

1-941-278-1177