

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-08-2001 90006 014 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001203.

1. Entity Name

VERANDA I AT FAIRWAY ISLE ASSOCIATION, INC.

Principal Place of Business

10060 AMBERWOOD ROAD
FORT MYERS FL 33913

Mailing Address

10060 AMBERWOOD ROAD
FORT MYERS FL 33913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0825019

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

Name

Street Address (P.O. Box Number is Not Acceptable)

~~SEELED, DOB~~
C/O GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD ROAD # 4
FORT MYERS FL 33913

Gulf Coast Management Services, Inc.
10060 Amberwood Road - Suite 4
Fort Myers, Florida 33913

Zip Code

RECEIVED
MAY 13 2001

8. The above named entity submits this statement for the purpose of changing its registered of

SIGNATURE

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

(NOT: Registered Agent's signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMES, JOSEPH	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, ALAN R	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Kelley	
STREET ADDRESS	8091 Queen Palm Ln. # 312	
CITY-ST-ZIP	Ft. MYERS, FL. 33912	
TITLE	DO Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence Kovach	
STREET ADDRESS	8099 Queen Palm Ln.	
CITY-ST-ZIP	Ft. MYERS, FL. 33912 # 226	
TITLE	DST S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freibert Small	
STREET ADDRESS	8107 Queen Palm Ln. # 121	
CITY-ST-ZIP	Ft. MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowerer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)