


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90162 028 \*\*\*\*61.25

<b>DOCUMENT # N98000001203</b>					
1. Entity Name VERANDA I AT FAIRWAY ISLE ASSOCIATION, INC.					
Principal Place of Business C/O SCHOO MANAGEMENT INC 9411 CYPRESS LAKE DR # 2 FORT MYERS, FL 33919			Mailing Address C/O SCHOO MANAGEMENT INC 9411 CYPRESS LAKE DR # 2 FORT MYERS, FL 33919		
2. Principal Place of Business		3. Mailing Address		03282006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0825019	Applied For Not Applicable
6. Name and Address of Current Registered Agent CRUZ, BRYAN C/O SCHOO MANAGEMENT INC 9411 CYPRESS LAKE DR STE 2 FORT MYERS, FL 33919				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL	Zip 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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, SALLIE		NAME	Jayne Peterson	
STREET ADDRESS	8099 QUEEN PALM LANE #216		STREET ADDRESS	8099 Queen Palm Lane #216	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, DORIS		NAME	Mary Hafertepe	
STREET ADDRESS	8091 QUEEN PALM LANE, #315		STREET ADDRESS	8099 Queen Palm Lane #212	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOCKNER, ART		NAME	Beverly Hoke	
STREET ADDRESS	8099 QUEEN PALM LANE #412		STREET ADDRESS	8083 Queen Palm Lane #413	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bob Brantley	
STREET ADDRESS			STREET ADDRESS	8099 Queen Palm Lane #211	
CITY-ST-ZIP			CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: <i>Robert Brantley</i>			Date: <i>4/14/06</i>		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					