

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001203

FILED
Mar 06, 2009
Secretary of State

Entity Name: VERANDA I AT FAIRWAY ISLE ASSOCIATION, INC.

Current Principal Place of Business:

C/O TROPICAL ISLES MGMT
12734 KENWOOD LANE STE #49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O TROPICAL ISLES MGMT
12734 KENWOOD LANE STE #49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0825019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MGMT
12734 KENWOOD LANE STE #49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PETERSON, JAYNE
Address: 8099 QUEEN PALM LANE #216
City-St-Zip: FORT MYERS, FL 33966

Title: V () Delete
Name: HAFERTEPE, MARY
Address: 8099 QUEEN PALM LANE, #212
City-St-Zip: FORT MYERS, FL 33966

Title: ST () Delete
Name: HOKE, BEVELY
Address: 8083 QUEEN PALM LANE, #413
City-St-Zip: FORT MYERS, FL 33966

Title: P () Delete
Name: BRANTLEY, BOB
Address: 8099 QUEEN PALM LANE, #211
City-St-Zip: FORT MYERS, FL 33966

Title: VP () Delete
Name: WALL, MARY ALICE
Address: 8083 QUEEN PALM LANE II 416
City-St-Zip: FORT MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB BRANTLEY

P

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date