2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2008 8:00 am Secretary of State

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DOCUMENT # N0400001458 1. Entity Name VERANDA II AT ROYAL GREENS ASSOCIATION, INC.							0014 020 ****61.2			
Principal Place	of Business	Mailing Address			42					
12734 KENWOOD LANE 127			12734 KENWOOD LANE							
SUITE 49 SUITE 49 ET MYERS EL 22007			7							
FT. MYERS, FL 33907 FT. MYERS, FL 33907				1 1 1 1 1 1 1 1 1 1	1100 111K 111K 111K	I BORRE BOURT FROM BUYER BORRE				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272008 _C	hg-NP	CR2E037 (12/06)				
City & State		City & State		4. FEI Number 55-087649		 	plied For			
Zip	Country	Zip Cou		ntrv				t Applicable		
	-			y	5. Certificate of S	tatus Desired	Fee Require			
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered Agent			
TROPICAL	. ISLES MANAGEMENT SER	VICES INC		Name						
12734 KEN	WOOD LANE	VIOLO, IIIO.	Street Address (ress (P.O. Box Number is	Not Acceptable)			
SUITE 49	S, FL 33907		-							
	0,12 00001		H	City			FL Zip Cod	e		
· ·						the Chale of Fla				
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.										
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SIGNATURE _	Classical based or resided pages of registered against	and title if penting the Alf	NTS: Paraistavad	Annal sinnature			DA76			
	Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered	Agent signature o	required when reinstating)	T	DATE			
	Filing Fee Is \$61.25	9. Election C		nancing	\$5.00 May Be		DATE ake check payable to			
	Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Co Trust Fund	ampaign Fir	nancing	\$5.00 May Be Added to Fees	Flori	ake check payable to	tate		
	Filing Fee Is \$61.25	9. Election Co Trust Fund	ampaign Fir Contributio	nancing on.	\$5.00 May Be Added to Fees	Flori	ake check payable to	tate		
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12. Thereby 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.

S)GNATURE:

SIGNATURE AND TYPEG OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08

239-939-0324