

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N22000003089

**Entity Name:** VERANDA I AT WELLEN PARK CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jun 26, 2024**  
**Secretary of State**  
**5315609617CC**

**Current Principal Place of Business:**

345 INTERSTATE BLVD  
C/O TROPICAL ISLES MANAGEMENT  
SARASOTA, FL 34240

**Current Mailing Address:**

345 INTERSTATE BLVD  
SARASOTA, FL 34240 US

**FEI Number: 88-1681356**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NISBET, HONNA LCAM  
345 INTERSTATE BLVD  
C/O TROPICAL ISLES MANAGEMENT  
SARASOTA, FL 34240 US

*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: HONNA C NISBET LCAM**

**06/26/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOWREY, ROBERT  
Address        345 INTERSTATE BLVD  
                  C/O TROPICAL ISLES MANAGEMENT

City-State-Zip: SARASOTA FL 34240

Title            VP  
Name            NATYSIN, ADAM  
Address        345 INTERSTATE BLVD  
                  C/O TROPICAL ISLES MANAGEMENT

City-State-Zip: SARASOTA FL 34240

Title            SEC/TRE  
Name            CRIST, SCOTT  
Address        345 INTERSTATE BLVD  
                  C/O TROPICAL ISLES MANAGEMENT

City-State-Zip: SARASOTA FL 34240

Title            LCAM  
Name            NISBET, HONNA  
Address        345 INTERSTATE BLVD  
City-State-Zip: SARASOTA FL 34240

*I hereby 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 all other like empowered.*

**SIGNATURE: HONNA C NISBET LCAM**

**LCAM**

**06/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date