

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 04, 2014
Secretary of State
CC9276052164

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

Current Mailing Address:

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

FEI Number: 65-0825019

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name OZBOLT, JAY
Address C/O TROPICAL ISLES MGMT
 12734 KENWOOD LANE STE #49
City-State-Zip: FORT MYERS FL 33907

Title V
Name NITOWSKI, ED
Address C/O TROPICAL ISLES MGMT
 12734 KENWOOD LANE STE #49
City-State-Zip: FORT MYERS FL 33907

Title P
Name WILSON, KEITH
Address C/O TROPICAL ISLES MGMT
 12734 KENWOOD LANE STE #49
City-State-Zip: FORT MYERS FL 33907

Title D
Name HOKE, BEVERY
Address C/O TROPICAL ISLES MGMT
 12734 KENWOOD LANE STE #49
City-State-Zip: FORT MYERS FL 33907

Title TREASURER
Name SHERWOOD, RICH
Address C/O TROPICAL ISLES MGMT
 12734 KENWOOD LANE STE #49
City-State-Zip: FORT MYERS FL 33907

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: KEITH WILSON

PRESIDENT

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date