2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N00000003644

VERANDA III AT FAIRWAY ISLE ASSOCIATION, INC.



Principal Place of Business TROPICAL ISLES MGMT. 12734 KENWOOD LANE, #49 FORT MYERS, FL 33907		Mailing Address TROPICAL ISLES MGMT. 12734 KENWOOD LANE, FORT MYERS, FL 33907			40011				II(a) a l 1 88)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		,					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	01042007	Chg-NP	CR2E037 ((12/06)	
City & State		City & State			4. FEI Number 65-10207	34		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		3.75 Add Required	
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New R	Registered Age	nt	
TROPICAL ISLES MGMT. 12734 KENWOOD LANE			Name Street Address		(P.O. Box Number is Not Acceptable)				
#49	FDC FL 22007		 						
FORTWITE	ERS, FL 33907		City				FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	register	ed agent, or both, i	n the State of Flo	orida. I am fam	iliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signatu	ure required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	-		\$5.00 May Be Added to Fees		lake check p rida Departm	-	
10.	_	Trust Fund Co	-		\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flor	rida Departm	ent of St	ate 10
TITLE NAME	OFFICERS AND DIR ASM ROEDDING, DON	Trust Fund Co	11. TITLE NAME	DV	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flor GES TO OFFICE	RS AND DIREC	ent of St CTORS IN 7 Change	ate
TITLE	OFFICERS AND DIR ASM ROEDDING, DON 12734 KENWOOD LANE	Trust Fund Co	ntribution.	DV Pau	\$5.00 May Be Added to Fees ADDITIONS/CHAN P	GES TO OFFICE	RS AND DIREC	ent of St CTORS IN 7 Change	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR ASM ROEDDING, DON 12734 KENWOOD LANE FORT MYERS, FL 33907 DST	Trust Fund Co	TITLE NAME STREET ADDRESS	DV Par 102 Ft.	\$5.00 May Be Added to Fees ADDITIONS/CHAN P 1 Palgut	Flor GES TO OFFICE イズへ	RS AND DIREC	CTORS IN Change	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR ASM ROEDDING, DON 12734 KENWOOD LANE FORT MYERS, FL 33907	Trust Fund Co	TI. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DV Par 102 Ft.	\$5.00 May Be Added to Fees ADDITIONS/CHAN P 1 Palgut	Flor GES TO OFFICE イズへ	RS AND DIREC	CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR ASM ROEDDING, DON 12734 KENWOOD LANE FORT MYERS, FL 33907 DST SPARACIA, FRANK 10265 BISMARK PALM WAY	Trust Fund Co	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DV Par 102 Ft.	\$5.00 May Be Added to Fees ADDITIONS/CHAN P	Flor GES TO OFFICE イズへ	RS AND DIRECT HILL HILL HILL HILL HILL HILL HILL HIL	CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIR ASM ROEDDING, DON 12734 KENWOOD LANE FORT MYERS, FL 33907 DST SPARACIA, FRANK 10265 BISMARK PALM WAY FT. MYERS, FL 33912 DP JORDAN, WILLIAM 10265 BISMARK PALM WAY	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DV Par 102 Ft.	\$5.00 May Be Added to Fees ADDITIONS/CHAN P 1 Palgut	Flor GES TO OFFICE イズへ	Way # 1	ent of St CTORS IN Change 2 / Y Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIR ASM ROEDDING, DON 12734 KENWOOD LANE FORT MYERS, FL 33907 DST SPARACIA, FRANK 10265 BISMARK PALM WAY FT. MYERS, FL 33912 DP JORDAN, WILLIAM 10265 BISMARK PALM WAY FT. MYERS, FL 33912 V WYSOCKI, TERRY 10265 BISMARK PALM WAY, #1	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Par 102 Ft.	\$5.00 May Be Added to Fees ADDITIONS/CHAN P 1 Palgut	Flor GES TO OFFICE イズへ	RS AND DIRECT FILE OF THE PROPERTY OF THE PROP	ent of St CTORS IN Change 2 / Y Change 2 / Z Change	Addition Addition

12. I hereby certify that the information supplied with this filling 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: _

PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

614-554-9423

FILED

Feb 08, 2007 8:00 am

Secretary of State

02-08-2007 90044 016 ****61.25