


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90075 014 \*\*\*\*61.25

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| <b>DOCUMENT # N01000008502</b>   |  |  |  |  |   |
| <b>1. Entity Name</b><br>VERONA AT SUN CITY CENTER FT. MYERS<br>CONDOMINIUM ASSOCIATION, INC.  |  |  |  |   |   |
| <b>Principal Place of Business</b><br>24301 WALDEN CENTER DR<br>300<br>BONITA SPRINGS, FL 34134  |  |  | <b>Mailing Address</b><br>24301 WALDEN CENTER DR<br>300<br>BONITA SPRINGS, FL 34134  |   |   |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>  |  |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |   |
| City & State   |  | City & State   |  |   |   |
| Zip  | Country  | Zip  | Country  | 01312005    Chg-NP    CR2E037 (10/03)   |   |
| <b>4. FEI Number</b><br>59-3759311   |  |  |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                     |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>UCF COMMUNITIES PROPERTY MANAGEMENT, INC.<br>24201 WALDEN CENTER DRIVE<br>BONITA SPRINGS, FL 34134   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>UCF COMMUNITIES PROPERTY MGMT, INC</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>24201 WALDEN CENTER DR.</u><br>City: <u>BONITA SPRINGS</u> FL <u>34134</u> |   |   |
| <b>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.</b><br><br>SIGNATURE: <u>Sylvia Keith</u> <b>SYLVIA KEITH</b> 3/18/05<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>Make check payable to Florida Department of State</b>   |  |  |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GIFFORD, JOSEPH<br>10551 DIAMANTE WAY<br>FORT MYERS, FL 33913      | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>SCHWARTZ, MARCIA<br>1520 DIAMANTE WAY<br>FORT MYERS, FL 33913     | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>KOHLEBECKER, ROBERT<br>10538 DIAMANTE WAY<br>FORT MYERS, FL 33913 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |  |  |  |   |   |
| <b>SIGNATURE:</b> <u>Robert L. Kohlbecker</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  | 3/7/05      813-642-1454<br><small>Date      Daytime Phone #</small>              |   |