2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 21, 2005 8:00 am Secretary of State 03-21-2005 90075 014 ****61.25

DOCUMENT # N0100008502 1. Entity Name VERONA AT SUN CITY CENTER FT. MYERS CONDOMINIUM ASSOCIATION, INC.						03-21-2005	90075 014 ***	*61.25	
Principal Plac		Mailing Address			1				
24301 WALDEN CENTER DR 300		24301 WALDEN CENTER DR 300							
	NGS, FL 34134	BONITA SPRINGS, FL. :	34134		 				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312005	Chg-NP	CR2E037 (10/0	3)	
City & State		City & State			4. FEI Number 59-37593	311		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status <u>Desi</u> red	\$8.75	Additional uired	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New	Registered Agent		
UCF COMMUNITIES PROPERTY MANAGEMENT, INC. 24201 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134				Name WCI COMMUNITIES PROPERTY MGMT. INC. Street Address (P.O. Box Number is Not Acceptable) STRONG WALDEN CENTER DR.					
			City	Box	SITA SP	RINGS	FL 翌	Code V134	
	named entity submits this statement for	r the purpose of changing its	registered office					vith, and accept	
the obligat	ions of registered agent.	/	. 1	•			1//	-1	
SIGNATURE .	Julian K	eith SYL	VIA KE	- (T14			3/18/05		
]		1							
	Signature, type for winted name of registered agent	and tille if applicable. (NOT	E: Registered Agent sign	nature required	d when reinstating)		DATE	<u>.</u>	
,	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Car		·	\$5.00 May Be Added to Fees		Make check payab		
10.	Filing Fee is \$61.25	9. Election Car Trust Fund (mpaign Financing	' _□	\$5.00 May Be Added to Fees	Flo		of State	
TITLE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE	9. Election Car Trust Fund (mpaign Financing Contribution.	' _□	\$5.00 May Be Added to Fees	Flo	orida Department o	S IN 10	
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a nereby certify that the information supplied with this file 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.