


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90162 033 ****61.25

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| DOCUMENT # N01000008502 |  |
| 1. Entity Name VERONA AT SUN CITY CENTER FT. MYERS CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 24301 WALDEN CENTER DR 300 BONITA SPRINGS, FL 34134 | Mailing Address 24301 WALDEN CENTER DR 300 BONITA SPRINGS, FL 34134 |
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| 2. Principal Place of Business 9411 Cypress Lake Drive Suite, Apt. #, etc. Suite 2 City & State Fort Myers, FL Zip 33919 Country USA | 3. Mailing Address 9411 Cypress Lake Drive Suite, Apt. #, etc. Suite 2 City & State Fort Myers, FL Zip 33919 Country USA |
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03142006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-3759311 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WCI COMMUNITIES PROPERTY MGMT, INC 24201 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 | 7. Name and Address of New Registered Agent Name Bob Gelles c/o Schoo Management Street Address (P.O. Box Number is Not Acceptable) 9411-2 Cypress Lake Drive City Fort Myers FL Zip Code 33919 |
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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.

SIGNATURE *Robert E. Gelles* DATE _____
Signature, type or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when re-instating)

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GIFFORD, JOSEPH 10551 DIAMANTE WAY FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST Glen Sikorski 10521 Diamante Way Fort Myers, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD SCHWARTZ, MARCIA 1520 DIAMANTE WAY FORT MYERS, FL 33913 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD KOHLBECKER, ROBERT 10538 DIAMANTE WAY FORT MYERS, FL 33913 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Robert Kohlbecker 10538 Diamante Way Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing 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: *Robert Kohlbecker* *Robert Kohlbecker* 4-8-06 239-481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #