
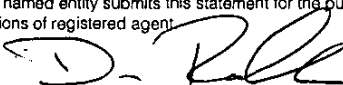
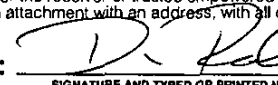


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90025 043 \*\*\*\*61.25

<b>DOCUMENT # N02000006966</b> 1. Entity Name <b>VERANDA III AT CEDAR HAMMOCK ASSOCIATION, INC.</b>			
Principal Place of Business <b>BUTTONWOOD WAY</b> <b>NAPLES, FL 34112</b>		Mailing Address <b>P.O. BOX</b> <b>NAPLES, FL 34108</b>	
2. Principal Place of Business <b>12734 Kenwood Ln</b> Suite, Apt. #, etc. <b>#49</b>		3. Mailing Address <b>12734 Kenwood Ln.</b> Suite, Apt. #, etc. <b>#49</b>	
City & State <b>Ft. Myers, FL</b>		City & State <b>Ft. Myers, FL</b>	
Zip <b>33907</b> Country		Zip <b>33907</b> Country	
4. FEI Number <b>51-0433396</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WHITE, WILLIAM D CPM</b> <b>2310 DELLA DRIVE</b> <b>NAPLES, FL 34117</b>		7. Name and Address of New Registered Agent Name <b>Tropical Isler Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>12734 Kenwood Ln. #49</b> City <b>Ft. Myers</b> <b>FL</b> Zip Code <b>33907</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.			
SIGNATURE  <b>Don Reedding</b> <b>5/1/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREELEY, DORIE 81 PILGRAM RD HOLLISTON, MA 01746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WIDICK, MICHAEL 8497 WATT RD BROADVIEW HEIGHTS, OH 44147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARGIULO, EDWARD 3705 BUTTONWOOD WAY #1611 NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS WHITE, WILLIAM A 23310 DELLA DR NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM Don Reedding 12734 Kenwood Ln. #49 Ft. Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.			
SIGNATURE:  <b>Don Reedding</b> <b>5/1/05</b> <b>(235) 935-2599</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			