

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90040 001 \*\*\*\*61.25

<b>DOCUMENT # N02000007553</b>					
<b>1. Entity Name</b> VERANDA V AT CEDAR HAMMOCK ASSOCIATION, INC.					
<b>Principal Place of Business</b> TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LANE, STE 49 FT. MYERS, FL 33907			<b>Mailing Address</b> TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LANE, STE 49 FT. MYERS, FL 33907		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 74-3102678	
<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>  TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LANE, STE 49 FT. MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P FALLAN, JOHN <input checked="" type="checkbox"/> Delete 3850 SAEGRASS WAY #2711 NAPLES, FL 34112				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TVP GEROLAMO, ROBERT <input type="checkbox"/> Delete 3840 SAWGRASS WAY #2823 NAPLES, FL 34112				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S MARINO, LEO <input type="checkbox"/> Delete 3840 SAWGRASS WAY #2822 NAPLES, FL 34112				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
T/S NOE MARINELLI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3850 SAWGRASS WAY #2723 NAPLES, FL 34112					
V/P <input type="checkbox"/> Change <input type="checkbox"/> Addition					
Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					