

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007553

FILED
Apr 09, 2009
Secretary of State

Entity Name: VERANDA V AT CEDAR HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MANAGEMENT SERVICE, INC.
12734 KENWOOD LANE, STE 49
FT. MYERS, FL 33907

New Principal Place of Business:

C/O AMERICAN PROPERTY MGMT SERVICES, LLC
4280 TAMIAMI TRAIL EAST #302
NAPLES, FL 34112

Current Mailing Address:

TROPICAL ISLES MANAGEMENT SERVICE, INC.
12734 KENWOOD LANE, STE 49
FT. MYERS, FL 33907

New Mailing Address:

C/O AMERICAN PROPERTY MGMT SERVICES, LLC
4280 TAMIAMI TRAIL EAST #302
NAPLES, FL 34112

FEI Number: 74-3102678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICE, INC.
12734 KENWOOD LANE, STE 49
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

AMERICAN PROPERTY MGMT SERVICES, LLC
4280 TAMIAMI TRAIL EAST
SUITE 302
NAPLES, FL 34112 US

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.

SIGNATURE: ORLANDO M. ORTIZ

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: MARINELLI, NOE
Address: 3850 SAWGRASS WAY #2723
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: GEROLAMO, ROBERT
Address: 3840 SAWGRASS WAY #2823
City-St-Zip: NAPLES, FL 34112

Title: PRES () Delete
Name: MARINO, LEO
Address: 3840 SAWGRASS WAY #2822
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEO MARINO

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date