


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90130 026 ****61.25

DOCUMENT # N02000008607	
1. Entity Name VERANDA II AT TWIN LAKES ASSOCIATION, INC.	

Principal Place of Business 12734 KENWOOD LN # 49 FORT MYERS, FL 33907	Mailing Address 12734 KENWOOD LN # 49 FORT MYERS, FL 33907
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40045351



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03052007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
TROPICAL ISLER MGMT 12734 KENWOOD LN, # 49 FORT MYERS, FL 33907	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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	
TITLE	D <input type="checkbox"/> Delete
NAME	LAMB LONNIE
STREET ADDRESS	10400 WINE PALM RD SUITE 5212
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D <input type="checkbox"/> Delete
NAME	BRETT, JAMES
STREET ADDRESS	10410 WINE PALM RD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	ASM <input checked="" type="checkbox"/> Delete
NAME	ROEDDING, DON
STREET ADDRESS	12734 KENWOOD LN, # 49
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST Lonnie Lamb
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patti Southall
STREET ADDRESS	10410 Wine Palm Rd #5814
CITY-ST-ZIP	FL, MYERS, FL 33912
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #