

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008607

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: VERANDA II AT TWIN LAKES ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LN  
# 49  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12734 KENWOOD LN  
# 49  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 56-2306247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TROPICAL ISLER MGMT  
12734 KENWOOD LN, # 49  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAMB, LONNIE  
Address: 10400 WINE PALM RD SUITE 5212  
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete  
Name: ERIKSON, GARY  
Address: 10411 WINE PALM #5025  
City-St-Zip: FORT MEYERS, FL 33966

Title: VP ( ) Delete  
Name: ZEILEN, RICHARD  
Address: 10411 WINE PALM #5021  
City-St-Zip: FORT MEYERS, FL 33966

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LAMB, LONNIE  
Address: 10400 WINE PALM # 5212  
City-St-Zip: FORT MYERS, FL 33966

Title: VP (X) Change ( ) Addition  
Name: ERIKSON, GARY  
Address: 10411 WINE PALM #5025  
City-St-Zip: FORT MYERS, FL 33966

Title: VP (X) Change ( ) Addition  
Name: ZEILEN, RICHARD  
Address: 10411 WINE PALM #5021  
City-St-Zip: FORT MYERS, FL 33966

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: LONNIE LAMB

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date