


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009846	
1. Entity Name VERANO PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.	
	
Principal Place of Business 15051 S TAMiami TRL STE 203 FORT MYERS, FL 33908	Mailing Address 15051 S TAMiami TRL STE 203 FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE



07052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1191885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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IN THIS SPACE**

TRIPP, THEODORE L JR
2532 E. FIRST STREET
FORT MYERS, FL 33902

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVINE, STEVEN
STREET ADDRESS	15051 S TAMiami TRL STE 203
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	ADKINS, EDWARD
STREET ADDRESS	15051 S TAMiami TRL STE 203
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/11/06-80025-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 any other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____