
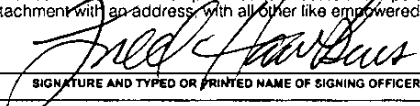


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90238 044 \*\*\*\*61.25

<b>DOCUMENT # N02000009846</b> 1. Entity Name <b>VERANO PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>15051 S TAMiami TrL STE 203 FORT MYERS, FL 33908</b>			Mailing Address <b>15051 S TAMiami TrL STE 203 FORT MYERS, FL 33908</b>		
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	4. FEI Number <b>65-1191885</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TRIPP, THEODORE L JR 2532 E. FIRST STREET FORT MYERS, FL 33902</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEVINE, STEVEN</b>		NAME	<b>Jeff Comer</b>	
STREET ADDRESS	<b>15051 S TAMiami TrL STE 203</b>		STREET ADDRESS	<b>9738 Commerce Center Ct.</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADKINS, EDWARD</b>		NAME	<b>Fred Hawkins</b>	
STREET ADDRESS	<b>15051 S TAMiami TrL STE 203</b>		STREET ADDRESS	<b>9736 Commerce Center Ct.</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Gary Wallace</b>	
STREET ADDRESS			STREET ADDRESS	<b>13450 Coral Drive, SW</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Gary Price</b>	
STREET ADDRESS			STREET ADDRESS	<b>9722 Commerce Center Ct.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Mark Norleans</b>	
STREET ADDRESS			STREET ADDRESS	<b>9730 Commerce Center Ct.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			<b>4/23/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		