


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90256 010 \*\*\*\*61.25

**DOCUMENT # N03000000563**

1. Entity Name  
**VERANDA II AT CYPRESS TRACE ASSOCIATION, INC.**



Principal Place of Business  
~~10481 SIX MILE CYPRESS PKWY~~  
~~FT MYERS, FL 33912~~

Mailing Address  
~~10481 SIX MILE CYPRESS PKWY~~  
~~FT MYERS, FL 33912~~

2. Principal Place of Business  
**12734 Kenwood Ln.**

3. Mailing Address  
**12734 Kenwood Ln.**

Suite, Apt. #, etc.  
**Suite 49**


City & State  
**Ft. Myer, FL**

City & State  
**Ft. Myer, FL**

Zip  
**33907**

Country

44033



04302004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**56-2317327**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHIELDS, CHRISTOPHER J**  
**1833 HENDRY ST**  
**FT. MYERS, FL 33901**

7. Name and Address of New Registered Agent  
 Name **Tropical Isles Management**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12734 Kenwood Ln., Suite 49**  
 City **Ft. Myer** **FL** Zip Code **33907**

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]* *[Signature]* **4/29/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPECTOR, GAIL 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* *[Signature]* **4/29/04** **(235) 935-2559**

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