


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90025 045 \*\*\*\*61.25

**DOCUMENT # N03000000563**

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



Principal Place of Business  
**12734 KENWOOD LANE  
 STE. 49  
 FORT MYERS, FL 33907**

Mailing Address  
**12734 KENWOOD LANE  
 STE. 49  
 FORT MYERS, FL 33907**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05112005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**56-2317327**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**TROPICAL ISLES MGMT.  
 12734 KENWOOD LANE  
 STE. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 7, 2005**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	SPECTOR, GAIL	10481 SIX MILE CYPRESS PKWY	FT MYERS, FL 33912	<input checked="" type="checkbox"/>
VD	MCMURRAY, DARIN	10481 SIX MILE CYPRESS PKWY	FT MYERS, FL 33912	<input checked="" type="checkbox"/>
STD	BURNS, ALAN R	10481 SIX MILE CYPRESS PKWY	FT MYERS, FL 33912	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Jim Sullivan	2790 Cypress Trace Circle #2212	Naples, FL 34119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Carmella Minella	179 Marietta Ave.	Hawthorne, NY 10532	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD	Leonard Huskey	7167 West Canberra St.	Greeley, CO 80634	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASM	Don Roedding	12734 Kenwood Lane	Fort Myers, FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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/ies empowered.

**SIGNATURE:** Don Roedding 5/18/05 (239) 838-2558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #