



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90042 008 ****61.25

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| DOCUMENT # N03000000563 | | | |  | |
| 1. Entity Name VERANDA II AT CYPRESS TRACE ASSOCIATION, INC. | | | | | |
| Principal Place of Business P&M Property Management 14360 S Tamiami Trail, unit B Fort Myers, FL 33912 | | | Mailing Address P&M Property Management 14360 S Tamiami Trail, unit B Fort Myers, FL 33912 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02112008 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 56-2317327 | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 P&M Property Management 14360 S Tamiami Trail, unit B Fort Myers, FL 33912 | | |
| 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: <u>Paul J. Sapp</u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small> | | | DATE: <u>2-22-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP NAME CURCIO, LANI STREET ADDRESS 9 GLORIA DR CITY-ST-ZIP TOWACO, NJ 07082 | <input type="checkbox"/> Delete | | TITLE VP NAME CURCIO, LANI STREET ADDRESS 14360 S. Tamiami Trail, unit B CITY-ST-ZIP Fort Myers, FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME MINELLA, CARMELLA STREET ADDRESS 179 MANETTA AVE CITY-ST-ZIP HAWTHORNE, NY 10532 | <input type="checkbox"/> Delete | | TITLE P NAME MINELLA, Carmella STREET ADDRESS 14360 S. Tamiami Trail, Unit B CITY-ST-ZIP Fort Myers, FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE T NAME BORAWSKI, JOSEPH K STREET ADDRESS 2820 CYPRESS TRACE CIRCLE UNIT 2013 CITY-ST-ZIP NAPLES, FL | <input type="checkbox"/> Delete | | TITLE S/T NAME BORAWSKI, JOSEPH K STREET ADDRESS 14360 S. Tamiami Trail, Unit B CITY-ST-ZIP Fort Myers, FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE ASM NAME ROEDDING, DON STREET ADDRESS 12734 KENWOOD LANE CITY-ST-ZIP FORT MYERS, FL 33907 | <input checked="" 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 | <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 | <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 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. | | | | | |
| SIGNATURE: <u>Carmella Minnella</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>Feb 26, 2008</u> <small>Daytime Phone #</small> | | |