


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90129 037 ****61.25

DOCUMENT # N03000004009 1. Entity Name VERANDA IV AT CEDAR HAMMOCK ASSOCIATION, INC.					
Principal Place of Business TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907			Mailing Address TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2369906	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, JAMES 3870 SAWGRASS WAY #2525 NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEOFFREY HOOKER 3880 SAWGRASS WAY #2416 NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHESSEMAN, MAX 3870 SAWGRASS WAY #2514 NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM REDDING, DON 12734 KENWOOD LN, #49 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COX, WILLIAM L 6018 N. CLIFFHANGER MAUMEE, OH 43537		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM COX <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: GEOFFREY HOOKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.17.07
Date

239 4558747
Daytime Phone #