

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004009

FILED
Apr 07, 2009
Secretary of State

Entity Name: VERANDA IV AT CEDAR HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 56-2369906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOOKER, GEOFFREY
Address: 3880 SAWGRASS WAS #2416
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: DINATALE, VINCENT
Address: 3880 SAWGRASS WAY #2426
City-St-Zip: NAPLES, FL 34112

Title: TA () Delete
Name: MURRAY, DAVID
Address: 3890 SAWGRASS WAY #2314
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHWARZ, MICHAEL
Address: 3870 SAWGRASS WAY #2514
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Change () Addition
Name: SEEBOLD, BILL
Address: 3860 SAWGRASS WAY #2615
City-St-Zip: NAPLES, FL 34112

Title: ST (X) Change () Addition
Name: MURRAY, DAVID
Address: 3890 SAWGRASS WAY #2314
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILISSA LINDSEY

RA

04/07/2009

Electronic Signature of Signing Officer or Director

Date