

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 17, 2009
Secretary of State

DOCUMENT# N03000004009

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:**AMERICAN PROPERTY MANAGEMENT SVC
4280 TAMIAMI TRAIL EAST #302
NAPLES, FL 34112**Current Mailing Address:**TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907**New Mailing Address:**C/O AMERICAN PROPERTY MANAGEMENT SVC
4280 TAMIAMI TRAIL EAST #302
NAPLES, FL 34112**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:**AMERICAN PROPERTY MANAGEMENT SVC
4280 TAMIAMI TRAIL EAST
302
NAPLES, FL 34112 US

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: ORLANDO MISERANDINO

06/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: SCHWARZ, MICHAEL
Address: 3870 SAWGRASS WAY #2514
City-St-Zip: NAPLES, FL 34112**Title:** VP () Delete
Name: SEEBOLD, BILL
Address: 3860 SAWGRASS WAY #2615
City-St-Zip: NAPLES, FL 34112**Title:** ST () Delete
Name: MURRAY, DAVID
Address: 3890 SAWGRASS WAY #2314
City-St-Zip: NAPLES, FL 34112**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL SCHWARZ

P

06/17/2009

Electronic Signature of Signing Officer or Director

Date