

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000004636

1. Entity Name
VERANDA III AT TWIN LAKES 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TROPICAL ISLES MGMT.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME TOBICSEN, THOMAS
STREET ADDRESS 10430 WINE PALM RD SUITE 5526
CITY-ST-ZIP FORT MYERS, FL 33912

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

33966

TITLE T
NAME MORLAND, KEITH
STREET ADDRESS 10430 WINE PALM RD SUITE 5523
CITY-ST-ZIP FORT MYERS, FL 33912

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

33966

TITLE VP
NAME SAROTIC, ANDREA
STREET ADDRESS 10460 WINE PALM RD SUITE 5814
CITY-ST-ZIP FORT MYERS, FL 33912

Delete

TITLE VP
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Jim Antell III
645 Colchester, Pt 2d
Colchester, VT 05446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Thomas Tobicsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Mar 14, 2008 8:00 am
Secretary of State**

03-14-2008 90028 027 ****61.25

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01082008 Chg-NP CR2E037 (12/06)