

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004636

FILED
Mar 24, 2009
Secretary of State

Entity Name: VERANDA III AT TWIN LAKES ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LANE
ST E. 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE
ST E. 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 56-2367188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MGMT.
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: TOBICSEN, THOMAS
Address: 10430 WINE PALM RD SUITE 5526
City-St-Zip: FORT MYERS, FL 33966

Title: T () Delete
Name: MORLAND, KEITH
Address: 10430 WINE PALM RD SUITE 5523
City-St-Zip: FORT MYERS, FL 33966

Title: VP () Delete
Name: ANTELL, JIM III
Address: 645 COLCHESTER PT RD.
City-St-Zip: COLCHESTER, VT 05446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BENNETT, JEFFREY
Address: 10420 WINE PALM RD #5412
City-St-Zip: FORT MYERS, FL 33966

Title: T (X) Change () Addition
Name: MORLAND, KEITH
Address: 10430 WINE PALM RD #5523
City-St-Zip: FORT MYERS, FL 33966

Title: P (X) Change () Addition
Name: ANTELL, JIM III
Address: 645 COLCHESTER PT RD.
City-St-Zip: COLCHESTER, VT 05446

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: JIM ANTELL

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date