


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90038 011 ****61.25

DOCUMENT # N03000008243					
1. Entity Name VERANDA III AT CYPRESS TRACE ASSOCIATION, INC.					
Principal Place of Business MANAGEMENT SERVICES, INC 12734 KENWOOD LN., SUITE 49 FORT MYERS, FL 33907			Mailing Address MANAGEMENT SERVICES, INC 12734 KENWOOD LN., SUITE 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	4. FEI Number 55-0854194	
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		
MANAGEMENT SERVICES, INC 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
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	PD <i>President</i> <input type="checkbox"/> Delete		TITLE	D <i>KAREN MYERS</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAPELESS, JOHN E		NAME	<i>3770 Cypress Trace Circle</i>	
STREET ADDRESS	2760 CYPRESS TRACE CIRCLE, #2511		STREET ADDRESS	<i>2428</i>	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	<i>Naples, FL 34119</i>	
TITLE	VPD <input type="checkbox"/> Delete		TITLE	D <i>JAMES STREETEN</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRASS, ROLAND		NAME	<i>3770 Cypress Trace Circle</i>	
STREET ADDRESS	2764 CYPRESS TRACE CIR., 32512		STREET ADDRESS	<i>Naples, FL 34119</i>	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	<i>2415</i>	
TITLE	VPD <input type="checkbox"/> Delete		TITLE		
NAME	MCIYGUE, FRANCIS		NAME		
STREET ADDRESS	2760 CYPRESS TRACE CIRCLE., #2514		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	ASM <input checked="" type="checkbox"/> Delete		TITLE		
NAME	ROEDDING, DON		NAME		
STREET ADDRESS	12734 KENWOOD LN, # 49		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 _____			72 FEB 2007 239-513-9355 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					