

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008243

FILED
Mar 28, 2010
Secretary of State

Entity Name: VERANDA III AT CYPRESS TRACE ASSOCIATION, INC.

Current Principal Place of Business:

MANAGEMENT SERVICES, INC
12734 KENWOOD LN., SUITE 49
FORT MYERS, FL 33907

New Principal Place of Business:

TROPICAL ISLES MANAGEMENT SERVICES, INC
12734 KENWOOD LN., SUITE 49
FORT MYERS, FL 33907

Current Mailing Address:

MANAGEMENT SERVICES, INC
12734 KENWOOD LN., SUITE 49
FORT MYERS, FL 33907

New Mailing Address:

TROPICAL ISLES MANAGEMENT SERVICES, INC
12734 KENWOOD LN., SUITE 49
FORT MYERS, FL 33907

FEI Number: 55-0854194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAGEMENT SERVICES, INC
12734 KENWOOD LN
SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC
12734 KENWOOD LN
SUITE 49
FORT MYERS, FL 33907 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: TROPICAL ISLES MANAGEMENT

03/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CAPELESS, JOHN E
Address: 2760 CYPRESS TRACE CIRCLE, #2511
City-St-Zip: NAPLES, FL 34119

Title: VP
Name: GRASS, ROLAND
Address: 2764 CYPRESS TRACE CIR., 32512
City-St-Zip: NAPLES, FL 34119

Title: ST
Name: PABES, BILL
Address: 2770 CYPRESS TRACE CIRCLE., #2428
City-St-Zip: NAPLES, FL 34119

Title: D
Name: UGONE, JIM
Address: 2770 CYPRESS TRACE CIRCLE 2425
City-St-Zip: NAPLES, FL 34119

Title: D
Name: FARRUGIA, MICHAEL
Address: 2760 CYPRESS TRACE CIRCLE, UNIT #2523
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: JOHN CAPELESS

P

03/28/2010

Electronic Signature of Signing Officer or Director

Date