

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008243

FILED  
Apr 05, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 55-0854194

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

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

**Title:** ST  
**Name:** GRASS, ROLAND  
**Address:** 2760 CYPRESS TRACE CIRCLE., UNIT #2512  
**City-St-Zip:** NAPLES, FL 34119

**Title:** D  
**Name:** PABIS, BILL  
**Address:** 2770 CYPRESS TRACE CIRCLE, UNIT #2528  
**City-St-Zip:** NAPLES, FL 34119

**Title:** D  
**Name:** MC TYGUE, FRANCIS  
**Address:** 2760 CYPRESS TRACE CIRCLE, UNIT #2514  
**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:** JEANNIE NESPOLI

CAM

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date