

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008243

FILED
Jan 31, 2012
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: MCTYGUE, FRANCIS
Address: 2760 CYPRESS TRACE CIRCLE., UNIT #2514
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: KOONCE, BEN
Address: 2770 CYPRESS TRACE CIRCLE, UNIT #2417
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

01/31/2012

Electronic Signature of Signing Officer or Director

_____ Date