

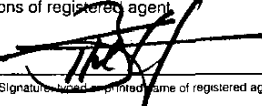
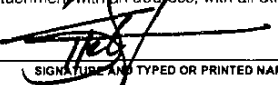


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90256 034 \*\*\*\*61.25

<b>DOCUMENT # N03000008665</b> 1. Entity Name IDLEWILD AT VERANDAH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ADVANCED PROPERTY MANAGEMENT 135 COLLIER CENTER WAY, #7 NAPLES, FL 34110		Mailing Address ADVANCED PROPERTY MANAGEMENT 135 COLLIER CENTER WAY, #7 NAPLES, FL 34110	
2. Principal Place of Business - No P.O. Box <i>Sterling Property Svcs</i> Suite, Apt. #, etc. 27800 Old 41 Road City & State Bonita Springs, FL Zip 34135 Country US		3. Mailing Address <i>Sterling Property Svcs</i> Suite, Apt. #, etc. 27800 Old 41 Road City & State Bonita Springs, FL Zip 34135 Country US	
		40077141 	
		04032007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  THOMPSON, SUSAN ADVANCED PROPERTY MANAGEMENT 1035 COLLIER CENTERWAY, STE. 7 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name <i>Sterling Property Services</i> Street Address (P.O. Box Number is Not Acceptable) 27800 Old 41 Road City <i>Bonita Springs</i> FL Zip Code <i>34135</i>	
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 must be printed name of registered agent and title if applicable.</small>		DATE <i>4/3/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	Delete <input type="checkbox"/>	
	NERSTAND, HAROLD		
STREET ADDRESS	3110 MEANDERING WAY, #102		
CITY-ST-ZIP	FORT MYERS, FL 33905		
TITLE	VP	Delete <input type="checkbox"/>	
	MENGE, JOHN		
STREET ADDRESS	3120 MEANDERING WAY, #201		
CITY-ST-ZIP	FORT MYERS, FL 33905		
TITLE	T	Delete <input type="checkbox"/>	
	SCHULTIS, ROY		
STREET ADDRESS	3050 MEANDERING WAY, #201		
CITY-ST-ZIP	FORT MYERS, FL 33905		
TITLE	D	Delete <input type="checkbox"/>	
	MOLINE, MARY		
STREET ADDRESS	3080 MEANDERING WAY, #201		
CITY-ST-ZIP	FORT MYERS, FL 33905		
TITLE	D	Delete <input type="checkbox"/>	
	INGALLS, TEA		
STREET ADDRESS	3080 MEANDERING WAY, #202		
CITY-ST-ZIP	FORT MYERS, FL 33905		
TITLE		Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
	<i>P Harold Heistand</i>		
STREET ADDRESS	<i>3110 Meandering Way # 102</i>		
CITY-ST-ZIP	<i>Fort Myers, FL 33905</i>		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<i>O TED INGALLS</i>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
	<i>3080 Meandering Way #202</i>		
STREET ADDRESS	<i>FT. Myers FL 33905</i>		
CITY-ST-ZIP			
TITLE	<i>O WILL RICHARDS</i>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
	<i>3011 Meandering Way # 108</i>		
STREET ADDRESS	<i>FT MYERS, FL 33905</i>		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>4/5/07</i> 239/9474552 <small>Daytime Phone #</small>	