

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90177 033 ****61.25

DOCUMENT # N04000005351					
1. Entity Name VERANDAS AT MCARTHUR PALM CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O TROPICAL ISLES MANAGEMENT SERVICES, IN 12734 KENWOOD LN., SUITE 49 FT. MYERS, FL 33907			Mailing Address C/O TROPICAL ISLES MANAGEMENT SERVICES, IN 12734 KENWOOD LN., SUITE 49 FT. MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST. FT. MYERS, FL 33901				7. Name and Address of New Registered Agent Name <u>Tropical Isles Management</u> Street Address (P.O. Box Number is Not Acceptable) <u>12734 Kenwood Ln., #49</u> City <u>Ft. Myers</u> <u>FL</u> Zip Code <u>33907</u>	
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 <u>Don Roedding</u> <u>2/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, STEVE 10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Ronald Hick 3500 Candleberry Ct. Bonte Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSEN, ANDY 10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Redar 10401 McArthur Palm Ln., #2523 Ft. Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, JOHN 10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Maureen Taylor 10370 McArthur Palm Ln., #2925 Ft. Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM ROEDDING, DON 12734 KENWOOD LANE, SUITE 49 FT. MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Davidson 10401 McArthur Palm Ln., #2526 Ft. Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Linda Calhoun 10371 McArthur Palm Ln., #2826 Ft. Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Don Roedding</u> <u>2/12/06</u> <u>(235) 939-2598</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40000010



01302006 Chg-NP CR2E037 (11/05)

4. FEI Number
34-1997926

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY ST.
FT. MYERS, FL 33901

Name Tropical Isles Management
Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Ln., #49
City Ft. Myers FL Zip Code 33907

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENSON, STEVE
10481 SIX MILE CYPRESS PKWY.
FT. MYERS, FL 33912
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
Ronald Hick
3500 Candleberry Ct.
Bonte Springs, FL 34134
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SORENSEN, ANDY
10481 SIX MILE CYPRESS PKWY.
FT. MYERS, FL 33912
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Robert Redar
10401 McArthur Palm Ln., #2523
Ft. Myers, FL 33912
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAGEN, JOHN
10481 SIX MILE CYPRESS PKWY.
FT. MYERS, FL 33912
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Maureen Taylor
10370 McArthur Palm Ln., #2925
Ft. Myers, FL 33912
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASM
ROEDDING, DON
12734 KENWOOD LANE, SUITE 49
FT. MYERS, FL 33907
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Charles Davidson
10401 McArthur Palm Ln., #2526
Ft. Myers, FL 33912
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Linda Calhoun
10371 McArthur Palm Ln., #2826
Ft. Myers, FL 33912
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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SIGNATURE:

Don Roedding

Don Roedding

2/12/06

(235) 939-2598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #