
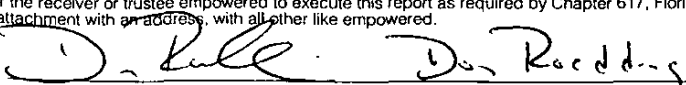


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 15 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005351			
1. Entity Name VERANDAS AT MCARTHUR PALM CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business C/O TROPICAL ISLES MGMT SRVS., LLC 12734 KENWOOD LN., SUITE 49 FT. MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9411 CYPRESS LAKE DR, SUITE 2 FORT MYERS, FL 33919	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 49	
City & State		City & State Ft. Myers, FL	
Zip	Country	Zip	Country
		33907	
6. Name and Address of Current Registered Agent TROPICAL ISLES MGMT 12734 KENWOOD LN 49 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 12, 2008		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	P HICKS, RONALD 3500 CANDLEBERRY CT BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jim Cassidy 10421 McArthur Palm Ln, #2313 Ft. Myers, FL 33906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDAR, ROBERT 10401 MCARTHUR PALM LN 2523 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM Don Redding 12734 Kenwood Ln, #49 Ft. Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRACLE, ED 10421 MCARTHUR POLAR CR #2324 FT MEYERS, FL 33966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300136147943 09/19/08--01038--011 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, CHARLES 10401 MCARTHUR PALM LN 2526 FT. MEYERS, FL 33966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALHOUN, LINDA 10371 MCARTHUR PALM LN 2826 FT MEYERS, FL 33966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 		Date: 9/5/08 Daytime Phone #: 239-939-2899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		code 845	