


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90170 024 ****61.25

DOCUMENT # N04000010629					
1. Entity Name ORANGETREE BEND AT VERANDAH NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 19091 S TAMIAMI TRAIL FT MYERS, FL 33908			Mailing Address C/O STOCK PROP. MGMT 4980 TAMIAMI TRL N 101 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 27800 Old 41 Road		3. Mailing Address 27800 Old 41 Road		03122007 Chg-NP CR2E037 (12/06)	
City & State Bonita Springs, FL		City & State Bonita Springs, FL		4. FEI Number 20-2641810	
Zip 34135		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOCK PROP. MGMT LLC 4980 TAMIAMI TRL N 101 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: Sterling Property Svcs Street Address (P.O. Box Number is Not Acceptable): 27800 Old 41 Road City: Bonita Springs FL Zip: 34135		
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>Ted Bolstad</u> , Ted Bolstad, CAM Property Mgmt 3/23/07 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME GROSSMAN, LUBA STREET ADDRESS 3181 ORANGE TREE BEND CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME LOOP, THOMAS F STREET ADDRESS 3161 ORANGE TREE BEND CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HILLIARD, MARY STREET ADDRESS 3271 ORANGE TREE BEND CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME NELSON, STEVE STREET ADDRESS 3290 ORANGE TREE BEND CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MURPHY, EMMETT STREET ADDRESS 3240 ORANGE TREE BEND CITY-ST-ZIP FORT MYERS, FL 33905	<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: <u>Ted Bolstad</u> as agent of 3/23/07 259/474552 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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