


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90066 018 ****61.25

DOCUMENT # N04000010629					
1. Entity Name ORANGETREE BEND AT VERANDAH NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135			Mailing Address C/O STERLING PROPERTY SERVICES 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # 27180 Bay Landing Dr.		3. Mailing Address 27180 Bay Landing Dr.			
Suite, Apt. #, etc. 4		Suite, Apt. #, etc. 4			
City & State		City & State			
Zip		Country		Zip	
Country		Country		01242008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-2641810				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent STERLING PROPERTY SERVICES 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135-2			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 27180 Bay Landing Dr Ste 4 City _____ FL Zip Code 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><i>[Signature]</i></u> DATE <u>3/18/08</u> <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, 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	PD GROSSMAN, LUBA 3181 ORANGE TREE BEND 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	VD LOOP, THOMAS F 3161 ORANGE TREE BEND 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	TD HILLIARD, MARY 3271 ORANGE TREE BEND FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Fred Wolf <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3211 Orangetree Bend FORT MYERS, FL 33905		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, STEVE 3290 ORANGE TREE BEND FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, EMMETT 3240 ORANGE TREE BEND FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Keith McBurnie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3210 Orangetree Bend FORT MYERS, FL 33905		
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><i>[Signature]</i></u>		3/18/08 291/947/552			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					