2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010629

FILED Apr 09, 2009 Secretary of State

Entity Name: ORANGETREE BEND AT VERANDAH NEIGHBORHOOD ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Pri	New Principal Place of Business:		
27180 BAYLANDING DR				27180 BAY LANDING DR		
4 BONITA SPRINGS, FL 34135			•	4 BONITA SPRINGS, FL 34135		
Current Mailing Address:			New Mai	New Mailing Address:		
27180 BAYLANDING DR			27180 BA	27180 BAY LANDING DR		
4 BONITA SPRINGS, FL 34135			4 BONITA	4 BONITA SPRINGS, FL 34135		
	: 20-2641810	FEI Number Applied For ()	FEI Number Not Ap			
Name and	l Address of C	urrent Registered Agent:	Name ar	nd Addres:	s of New Registered Agent:	
27180 BAY BONITA S The above n the State	e of Florida.	R., STE. 4 4135 US	urpose of changinς	g its registe	ered office or registered agent, or both	
SIGNATURE:			nt		 Date	
OFFICERS	S AND DIREC			NS/CHAN	IGES TO OFFICERS AND DIRECTO	
itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip:	GROSSMAN, L 3181 ORANGE FORT MYERS,	TREE BEND FL 33905 Delete S F TREE BEND	Title: Name: Address: City-St-Zip Title: Name: Address: City-St-Zip		() Change () Addition () Change () Addition	
itle: lame: .ddress: bity-St-Zip: itle: lame: .ddress: bity-St-Zip:	TD () WOLF, FRED 3211 ORANGE FORT MYERS, D () NELSON, STEV 3210 ORANGE	Delete FREE BEND FL 33905 Delete FE FREE BEND	Title: Name: Address: City-St-Zip Title: Name: Address: City-St-Zip	DT WOLF, F 3211 OR : FORT M' D D'AUTEU 3211 OR	ANGETREE BEND YERS, FL 33905 (X) Change () Addition	
Title:	FORT MYERS,	Delete	Title:	DS	(X) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUBA GROSSMAN DP 04/09/2009