


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90036 018 \*\*\*\*61.25

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # N05000006016</b>  |   |  |   |  |  |
| <b>1. Entity Name</b><br>VERANDA AT OSPREY COVE CONDOMINIUM ASSOCIATION, INC.   |   |  |   |   |  |
| <b>Principal Place of Business</b><br>10481 SIX MILE CYPRESS PARKWAY<br>FT. MYERS, FL 33912   |   |  | <b>Mailing Address</b><br>10481 SIX MILE CYPRESS PARKWAY<br>FT. MYERS, FL 33912   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |  |
| City & State  |   | City & State   |   |   |  |
| Zip   | Country   | Zip  | Country   | <b>4. FEI Number</b><br>20-3013603  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  | <b>7. Name and Address of New Registered Agent</b>                                |   |  |
| TROPICAL ISLES<br>12734 KENWOOD LN<br>SUITE 49<br>FORT MYERS, FL 33907  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>  |   |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 14, 2007</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                      |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | D<br>SPECTOR, GAIL<br>10481 SIX MILE CYPRESS PARKWAY<br>FT. MYERS, FL 33912   | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>        | Ike Eikelbner<br>4414 Rockcross Ct.<br>Zionsville, IN 46077                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | D<br>MCMURRAY, DARIN<br>10481 SIX MILE CYPRESS PARKWAY<br>FT. MYERS, FL 33912 | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>        | Joyle Baker<br>8530 Kingbird Loop # 715<br>Fort Myers, FL 33967                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | D<br>HAGAN, JOHN<br>10481 SIX MILE CYPRESS PARKWAY<br>FT. MYERS, FL 33912     | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>        | Diane Oetzel<br>5116 S-Saratoga Lane<br>Houston, TX 77478                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | ASM<br>RIDDELL, GIL<br>12734 KENWOOD LN SUITE 49<br>FORT MYERS, FL 33907      | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>        | ASM<br>Chad Hedrick<br>12734 Kenwood Lane #49<br>Fort Myers, FL 33907             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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.</b> |   |  |   |   |  |
| <b>SIGNATURE:</b> <i>Chad Hedrick</i>   |   |  | 5-3-07  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date Daytime Phone #  |   |  |