

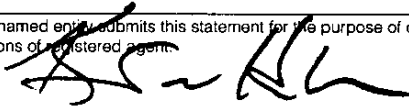
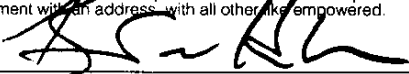


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90094 003 ****61.25

DOCUMENT # N05000006016 1. Entity Name VERANDA I AT OSPREY COVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10481 SIX MILE CYPRESS PARKWAY FT. MYERS, FL 33912		Mailing Address 10481 SIX MILE CYPRESS PARKWAY FT. MYERS, FL 33912	
2. Principal Place of Business - No P.O. Box # Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907		3. Mailing Address Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	
			
		01282008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 20-3013603	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPICAL ISLES 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name HAYDEN KEN Street Address (P.O. Box Number is Not Acceptable) 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907 City _____ Code _____	
8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida, with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. </div> <div style="width: 40%; text-align: center;"> 4-11-08 </div> <div style="width: 20%; text-align: right;"> DATE </div> </div>			
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	D <input type="checkbox"/> Delete EIKELBERNER, IKE	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	4614 ROCKCRESS CT.	STREET ADDRESS	
CITY-ST-ZIP	ZIONSVILLE, IN 46077	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JOYCE	NAME	
STREET ADDRESS	8530 KINGBIRD LOOP #715	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33967	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OETZEL, DIANE	NAME	
STREET ADDRESS	5216 S. SARATOGA LANE	STREET ADDRESS	5216 SARATOGA AVE
CITY-ST-ZIP	HOUSTON, TX 77478	CITY-ST-ZIP	AUSTIN TOWN, OH 44515
TITLE	ASM <input checked="" type="checkbox"/> Delete	TITLE	
NAME	HEDRICK, CHAD	NAME	
STREET ADDRESS	12734 KENWOOD LN SUITE 49	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	PM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Ken Hayden
STREET ADDRESS		STREET ADDRESS	8359 Beacon Blvd, Suite 213
CITY-ST-ZIP		CITY-ST-ZIP	Ft Myers, FL 33907
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		4-11-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	