2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006016

FILED Mar 23, 2009 Secretary of State

Entity Name: VERANDA I AT OSPREY COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

HAYDEN & ASSOC HAYDEN & ASSOCIATES 8359 BEACON BLVD STE 213 8359 BEACON BLVD STE 313 FORT MYERS, FL 33907 FORT MYERS, FL 33907

New Mailing Address: **Current Mailing Address:**

HAYDEN & ASSOC HAYDEN & ASSOCIATES 8359 BEACON BLVD STE 313 8359 BEACON BLVD STE 213 FORT MYERS, FL 33907 FORT MYERS, FL 33907

FEI Number: 20-3013603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYDEN, KEN HAYDEN & ASSOCIATES 8359 BEACON BLVD 8359 BEACON BLVD STE 213 STE 313 FORT MYERS, FL 33907 US FORT MYERS, FL 33907 US

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.

SIGNATURE: KENNETH W. HAYDEN 03/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete EIKELBERNER, IKE EIKELBERNER, IKE Name: Name: 4614 ROCKCRESS CT. Address: 8500 KINGBIRD LOOP #826 Address: City-St-Zip: ZIONSVILLE, IN 46077 City-St-Zip: FORT MYERS, FL 33967

Title: Title: (X) Change () Addition

() Delete BAKER, JOYCE Name: BAKER, JOYCE Name:

Address: 8530 KINGBIRD LOOP #715 Address: 8530 KINGBIRD LOOP #715 City-St-Zip: FORT MYERS, FL 33967 City-St-Zip: FORT MYERS, FL 33967

Title: () Delete Title: (X) Change () Addition OETZEL, DIANE LEWIS-DENNEY, DOREEN Name: Name: 5216 SARATOGA AVE Address: Address: 8500 KINGBIRD LOOP #822 City-St-Zip: AUSTIN TOWN, OH 44515 City-St-Zip: FORT MYERS, FL 33967

Title: PM(X) Delete Title: () Change () Addition Name:

HAYDEN, KEN Name: 8359 BEACON BLVD STE 213 Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip:

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: IKE EIKELBERNER Ρ 03/23/2009