

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004990

FILED
Jun 16, 2009
Secretary of State

Entity Name: VERANDA I AT HERITAGE BAY ASSOCIATION, INC.

Current Principal Place of Business:

11691 GATEWAY BLVD.
203
FT MYERS, FL 33913

New Principal Place of Business:

10481 SIX MILE CYPRESS PKWY
FT MYERS, FL 33966

Current Mailing Address:

11691 GATEWAY BLVD.
203
FT MYERS, FL 33913

New Mailing Address:

10481 SIX MILE CYPRESS PKWY
FT MYERS, FL 33966

FEI Number: 20-5181862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MURRELL, ROBERT E
5405 PARK CENTRAL COURT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUMFORD, JOHN
Address: 11691 GATEWAY BLVD., SUITE 203
City-St-Zip: FT MYERS, FL 33913

Title: DVP () Delete
Name: ALBARELLI, MICHAEL
Address: 11691 GATEWAY BLVD., SUITE 203
City-St-Zip: FT MYERS, FL 33913

Title: DST () Delete
Name: WATSON, DIANNE
Address: 11691 GATEWAY BLVD., SUITE 203
City-St-Zip: FT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUMFORD, JOHN
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FT MYERS, FL 33966

Title: DVP (X) Change () Addition
Name: LEVINE, ALAN
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FT MYERS, FL 33966

Title: DST (X) Change () Addition
Name: WATSON, DIANNE
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FT MYERS, FL 33966

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: JOHN DUMFORD

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date