

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012311

FILED
Feb 10, 2009
Secretary of State

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

Current Principal Place of Business:

10481 SIX MILE CYPRESS PKWY
FT MYERS, FL 33966

New Principal Place of Business:

11691 GATEWAY BOULEVARD
SUITE 203
FT MYERS, FL 33913

Current Mailing Address:

10481 SIX MILE CYPRESS PKWY
FT MYERS, FL 33966

New Mailing Address:

11691 GATEWAY BOULEVARD
SUITE 203
FT MYERS, FL 33913

FEI Number: 20-5979642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER AND POLIAKOFF
14241 METROPOLIS AVENUE
SUITE 100
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

VISION GOLF MANAGEMENT
11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913 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: WILLIAM BOWER

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VPD () Delete
Name: ALBARELLI, MIKE
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

Title: STD () Delete
Name: WATSON, DIANE
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AMATUZZO, DAN
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

Title: VPD (X) Change () Addition
Name: CASHION, ROY
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

Title: STD (X) Change () Addition
Name: OLSEN, RALPH
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

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: WILLIAM BOWER

AGEN

02/10/2009

Electronic Signature of Signing Officer or Director

Date