

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 11, 2011
Secretary of State

DOCUMENT# N06000012311

Entity Name: VERANDA II AT HERITAGE BAY ASSOCIATION, INC.**Current Principal Place of Business:**11691 GATEWAY BOULEVARD
SUITE 203
FT MYERS, FL 33913**New Principal Place of Business:**C/O CAMBRIDGE MANAGEMENT
2335 TAMiami TRAIL N., STE # 402
NAPLES, FL 34103**Current Mailing Address:**11691 GATEWAY BOULEVARD
SUITE 203
FT MYERS, FL 33913**New Mailing Address:**C/O CAMBRIDGE MANAGEMENT
2335 TAMiami TRAIL N., STE # 402
NAPLES, FL 34103**FEI Number:** 20-5979642**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VISION GOLF MANAGEMENT
11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913 US**Name and Address of New Registered Agent:**CAMBRIDGE MANAGEMENT
2335 TAMiami TRAIL NORTH
SUITE 402
NAPLES, FL 34103 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: JAMES FARESE, PRESIDENT CAMBRIDGE MGMT

08/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAN AMATUZZO

PD

08/11/2011

Electronic Signature of Signing Officer or Director

Date