

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90056 014 \*\*\*\*61.25

**DOCUMENT # N23506**

1. Entity Name  
**VERANDAS THREE & FOUR COMMONS ASSOCIATION, INC.**



Principal Place of Business  
**% INTEGRATED PROPERTY MGMT  
3435 10TH ST N., SUITE 201  
NAPLES, FL 34103 US**

Mailing Address  
**% INTEGRATED PROPERTY MGMT  
3435 10TH ST N., SUITE 201  
NAPLES, FL 34103 US**

40055337



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0039359**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIERSTEIN, JULIANA  
4100 CORPORATE SQUARE  
#172  
NAPLES, FL 34104**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME CRONIN, JOE  
STREET ADDRESS 488 VERANDA WAY D-203  
CITY-ST-ZIP NAPLES, FL 34104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME HATCH, HARRY  
STREET ADDRESS 487 VBERANDA WAY C-206  
CITY-ST-ZIP NAPLES, FL 34104

TITLE D ☐ Change ☒ Addition  
NAME POWERS, ROBERT  
STREET ADDRESS 487 VERANDA WAY, C202  
CITY-ST-ZIP NAPLES, FL 34104

TITLE TD ☐ Delete  
NAME CARON, JOSEPH  
STREET ADDRESS 496 VERANDA WAY #F-206  
CITY-ST-ZIP NAPLES, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DEMARCHE, GERALDINE  
STREET ADDRESS 495 VERANDA WAY, #A-104  
CITY-ST-ZIP NAPLES, FL 34104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/06/05 239-353-7636