FILE NOW: FILING FEE IS $61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49222** **(5)**

1. Corporation Name

THE VERANDAS AT LELY FLAMINGO ISLAND CLUB CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 11209 NAPLES FL 33941-1209	P. O. BOX 11209 NAPLES FL 34101-1209

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 65-0356425 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BOFF, JOSEPH D
950 NORTH COLLIER BOULEVARD
SUITE 308
MARCO ISLAND FL 33937-1206

10. Name and Address of New Registered Agent

81 Name: Stephen P. Hart
82 Street Address (P.O. Box Number is Not Acceptable): 4985 East Tamiami Trail
83
84 City: Naples, FL. FL 85 Zip Code: 34113

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 4/16/97 ✓
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	BOFF, JOSEPH D		1.2 NAME	Robert Kirk	
STREET ADDRESS	950 N. COLLIER BLVD. #205		1.3 STREET ADDRESS	4737 Villa Mare Ln	
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	Naples FL	
TITLE	DST	☒ DELETE	2.1 TITLE	DTS	☐ Change ☒ Addition
NAME	VIVIANO, VITO		2.2 NAME	Richard Dill	
STREET ADDRESS	993 LAKESHORE DR.		2.3 STREET ADDRESS	612 W 2nd Street	
CITY-ST-ZIP	GROSSE POINTE MI		2.4 CITY-ST-ZIP	Erie PA	
TITLE	DVP	☒ DELETE	3.1 TITLE	DVP	☐ Change ☒ Addition
NAME	VANDERLAAN, ARTHUR		3.2 NAME	Robert Burlet	
STREET ADDRESS	RR #1		3.3 STREET ADDRESS	215 Wynford Dr #304	
CITY-ST-ZIP	PT. COLBORNE, ONT., CANADA		3.4 CITY-ST-ZIP	Toronto ONT Canada	
TITLE		☐ DELETE	4.1 TITLE	Asst Treas	☐ Change ☒ Addition
NAME			4.2 NAME	Stephen P. Hart	
STREET ADDRESS			4.3 STREET ADDRESS	4985 E Tamiami Tr	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Naples FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/16/97 941-774-4442