2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90799 040 ****61.25

DOCUMENT # N49222

1. Entity Name

THE VERANDAS AT LELY FLAMINGO ISLAND CLUB CONDOM

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Tiger Cove.	834 Bald Eagle Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Marco, Florida
Zip: 34113 Country: USA	Zip: 34145 Country: USA

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

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

6. Name and Address of Current Registered Agent

ANDERSON, DONALD
9955 TAMIAMI TRAIL N.
#9
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name: Joseph Mayer
Street Address (P.O. Box Number is Not Acceptable): 8015 Tiger Cove Lane #202
City: Naples **FL** Zip Code: 34113

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.

SIGNATURE: X Joseph Mayer 4-27-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DILL, RICHARD 612 WEST 2ND STREET ERIE PA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Faraoni 8015 Tiger Cove Lane # 202 Naples, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, GEORGE 8015 TIGER COVE #205 NAPLES FL 34113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Miller, George 8015 Tiger Cove Lane #205 Naples, FL 34113	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MAYER, JOSEPH 147 SYCAMORE CIR STONY BROOK NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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: X Joseph Mayer SIGNATURE REQUIRED 4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #