## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49222

FILED Apr 24, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** TIGER COVE NAPLES, FL 34113 US **Current Mailing Address: New Mailing Address:** COLLIER FINANCIAL, INC. PO BOX 11209 NAPLES, FL 34101 US 4985 TAMIAMI TRAIL E. NAPLES, FL 34113 FEI Number: 65-0356425 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAYER, JOSEPH 8015 TIGER COVE LANE # 202 NAPLES, FL 34113 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MAYER, JOSEPH MAYER, JOSEPH Name: Name: 147 SYCAMORE CIR Address: 8015 TIGER COVE, #204 Address: City-St-Zip: STONY BROOK, NY City-St-Zip: NAPLES, FL 34113 Title: VPD () Delete Title: () Change () Addition Name: NESTER, MARTIN Name: Address: 8025 TIGER COVE #301 Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: Title: () Delete Title: () Change () Addition TINGLEY, TOM Name: Name: 56 MOUNTAIN RIVER AVE #3 Address: Address: City-St-Zip: COMPTON, NH 03223 City-St-Zip: Title: () Delete Title: SD ( ) Change (X) Addition MAYER, JUDY Name: Name: 8015 TIGER COVE, #204 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH MAYER PD 04/24/2007