## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49223

Apr 06, 2012 Secretary of State

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

**Current Principal Place of Business:** 

New Principal Place of Business:

1719 TRADE CENTER WAY

400 BUILDING AT PARK CENTRAL NORTH #412

NAPLES, FL 34109

NAPLES, FL 34109 **Current Mailing Address:** 

**New Mailing Address:** 

1719 TRADE CENTER WAY

400 BUILDING AT PARK CENTRAL NORTH #412

NAPLES, FL 34109 US

NAPLES, FL 34109

FEI Number: 65-0356441

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:

VINDELL, OLGA

MESSINGER, JOEL

1719 TRÁDE CENTER WAY # 4 NAPLES, FL 34109

400 BUILDING AT PARK CENTRAL NORTH #412

NAPLES, FL 34109 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: JOEL MESSINGER

04/06/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

VPD

BAUMER, FRED Name:

400 BUILDING AT PARK CENTRAL NORTH #412 Address:

City-St-Zip: NAPLES, FL 34109

Title: PD

Name: METRIE, WILLIAM

Address: 400 BUILDING AT PARK CENTRAL NORTH #412

City-St-Zip: NAPLES, FL 34109

Title: DT

TINGLEY, PAT Name:

400 BUILDING AT PARK CENTRAL NORTH #412 Address:

City-St-Zip: NAPLES, FL 34109

Title: SD

Name: RHODES, STEPHANIE

400 BUILDING AT PARK CENTRAL NORTH #412 Address:

City-St-Zip: NAPLES, FL 34109

Title:

CAINE, CHARLES Name:

400 BUILDING AT PARK CENTRAL NORTH #412 Address:

NAPLES, FL 34109 City-St-Zip:

Title:

WAHL, KEN Name:

Address: 400 BUILDING AT PARK CENTRAL NORTH #412

NAPLES, FL 34109 City-St-Zip:

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: WILLIAM METRIE PD 04/06/2012