


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000003210 (9)
 1. Corporation Name
VERANDA I AT SOUTHERN LINKS ASSOCIATION, INC.



Principal Place of Business C/O GULF COAST MANAGEMENT SERVICES 10080 AMBERWOOD RD STE 3 FT. MYERS FL 33913 US	Mailing Address C/O GULF COAST MANAGEMENT SERVICES 10080 AMBERWOOD RD STE 3 FT. MYERS FL 33913 US
---	---

3. Date Incorporated or Qualified 06/13/1996		
4. FEI Number 65-0680740	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**GELLES, ROBERT E
 C/O GULF COAST MANAGEMENT SERVICES
 10080 AMBERWOOD ROAD STE 3
 FT MYERS FL 33913**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERSICILLI, ANTHONY	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY. #101	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY. #101	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, ALAN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY. #101	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETER MAILE	
1.3 STREET ADDRESS	8560 NAPLES HERITAGE DR # 724	
1.4 CITY-ST-ZIP	NAPLES, FL 34112	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GORDON MCLEAN	
2.3 STREET ADDRESS	125 WAREHAMS POINT	
2.4 CITY-ST-ZIP	WILLIAMS BURG, VA 23185	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLENN REASNER	
3.3 STREET ADDRESS	6408 LANDBOROUGH NORTH DR.	
3.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46220	
4.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRANK COUNTIE	
4.3 STREET ADDRESS	6 OUTLOOK HILL	
4.4 CITY-ST-ZIP	SALEM, MA 01970	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GEORGE SCHLUETER	
5.3 STREET ADDRESS	52 SPRING LAKE ESTATES	
5.4 CITY-ST-ZIP	QUINCY, IL 62301	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

CFR2037 (10/97)