

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90089 017 ****61.25

0060663

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003210

1. Corporation Name
VERANDA I AT SOUTHERN LINKS ASSOCIATION, INC.

5 3 8 2 4 9 *
 530249 - 90089 - 17

Principal Place of Business Mailing Address
 C/O GULF COAST MANAGEMENT SERVICES C/O GULF COAST MANAGEMENT SERVICES
 10060 AMBERWOOD RD STE 3 10060 AMBERWOOD RD STE 3
 FT. MYERS FL 33913 FT. MYERS FL 33913
 US US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc. <i>Suite 4</i>	Suite, Apt. #, etc. <i>Suite 4</i>	06/13/1996
23	City & State	City & State	4. FEI Number 65-0680740
24	Zip	Zip	Applied For Not Applicable
25	Country	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
29	Country	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GELLES, ROBERT E C/O GULF COAST MANAGEMENT SERVICES 10060 AMBERWOOD ROAD STE 3 FT MYERS FL 33913		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 <i>10060 Amberwood Road Ste 4</i>	
		84 City	FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAILE, PETER	1.2 NAME	Donald Glaser
STREET ADDRESS	8560 NAPLES HERITAGE DR #724	1.3 STREET ADDRESS	8540 Naples Heritage DR # 824
CITY-ST-ZIP	NAPLES FL 34112	1.4 CITY-ST-ZIP	Naples, FL 34112
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLEAN, GORDON	2.2 NAME	Lyle Warnock
STREET ADDRESS	125 WAREHAMS POINT	2.3 STREET ADDRESS	8580 Naples Heritage DR # 616
CITY-ST-ZIP	WILLIAMSBURG VA 23185	2.4 CITY-ST-ZIP	Naples, FL 34112
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REASNER, GLENN	3.2 NAME	Glenn Reasner
STREET ADDRESS	6408 LANDBOROUGH NORTH DR	3.3 STREET ADDRESS	8540 Naples Heritage DR # 812
CITY-ST-ZIP	INDIANAPOLIS IN 46220	3.4 CITY-ST-ZIP	Naples, FL 34112
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNTIE, FRANK	4.2 NAME	Frank Countie
STREET ADDRESS	6 OUTLOOK HILL	4.3 STREET ADDRESS	8580 Naples Heritage DR # 612
CITY-ST-ZIP	SALEM MA 01970	4.4 CITY-ST-ZIP	Naples, FL 34112
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIS/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLUETER, GEORGE	5.2 NAME	George Schlueter
STREET ADDRESS	52 SPRING LAKE ESTATES	5.3 STREET ADDRESS	8600 Naples Heritage DR # 514
CITY-ST-ZIP	QUINCY IL 62301	5.4 CITY-ST-ZIP	Naples, FL 34112
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Glenn Reasner* DATE: *4-14-99* DAYTIME PHONE #: *941-561-1600*

CR2E037 (1/98)