

6/1/

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-01-2001 90004 044 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003210

1. Entity Name

VERANDA I AT SOUTHERN LINKS ASSOCIATION, INC.

(UA)

Principal Place of Business

Mailing Address

C/O GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD RD STE 4
FT. MYERS FL 33913
US

C/O GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD RD STE 4
FT. MYERS FL 33913
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0680740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GLASER, ROBERT E~~
C/O GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD RD STE 4
FT MYERS FL 33913

Name: Ken Hayden
Str: Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ci: Ft. Myers, FL 33913
Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered of

SIGNATURE

KHL

5-21-01

Signature, typed or printed name of registered agent and title if applicable

(NOT: 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: ~~DP~~ "D" Delete
NAME: GLASER, DONALD
STREET ADDRESS: 8560 NAPLES HERITAGE DR #814
CITY-ST-ZIP: NAPLES FL 34112

TITLE: VP Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: D Delete
NAME: WARNOCK, LYLE
STREET ADDRESS: 125 WAREHAMS POINT
CITY-ST-ZIP: WILLIAMSBURG VA 23185

TITLE: P Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: DP Delete
NAME: REASNER, GLENN
STREET ADDRESS: 8540 NAPLES HERITAGE DR #812
CITY-ST-ZIP: NAPLES FL 34112

TITLE: Joe Krichel Change Addition
NAME: _____
STREET ADDRESS: 3559 Middle Rd.
CITY-ST-ZIP: Keokuk, IA 52632

TITLE: DV Delete
NAME: COUNTIE, FRANK
STREET ADDRESS: 8580 NAPLES HERITAGE DR #612
CITY-ST-ZIP: NAPLES FL 34112

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: DST Delete
NAME: SCHLUETER, GEORGE
STREET ADDRESS: 8600 NAPLES HERITAGE DR #514
CITY-ST-ZIP: NAPLES FL 34112

TITLE: Secretary Change Addition
NAME: Janet Gaynor
STREET ADDRESS: 17 Monitor Rd.
CITY-ST-ZIP: Smithtown, NY 11787

TITLE: VP Delete
NAME: George Kavanaugh
STREET ADDRESS: Quail Ave
CITY-ST-ZIP: P.O. Box 96, 2.56 Kapaohaka ME 04027

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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:

Joseph H Krichel

Joseph H Krichel

5-15-01 947-417-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)