2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 17, 2006 Secretary of State

Entity Name: VERANDA I AT SOUTHERN LINKS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES FL 34104 **New Mailing Address: Current Mailing Address:** C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 FEI Number: 65-0680740 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: **R&P PROPERTY MANAGEMENT** 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 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: () Delete () Change () Addition WARNOCK, LYLE Name: Name: 8580 NAPLES HERITAGE DRIVE #616 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: Title: () Delete () Change () Addition ASIALA, PHILIP Name: Name: Address: 8600 NAPLES HERITAGE DR #523 Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: (X) Change () Addition COUNTIE, MARSHA STEFAN, ELLIE Name: Name: 8580 NAPLES HERITAGE DR. #612 8560 NAPLES HERITAGE DR. #713 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 (X) Change () Addition Title: SD () Delete Title: TD GAYNOR, JANET Name: Name: WESTFALL, ROBERT 8600 NAPLES HERITAGE DR. #512 8555 NAPLES HERITAGE DR. #224 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: () Delete Title: (X) Change () Addition KAVANAUGH, GEORGE GLASER, DON Name: Name: 8540 NAPLES HERITAGE DR #816 8540 NAPLES HERITAGE DR #814 Address: Address: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 City-St-Zip:

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: GLENN CARROLL PRES 04/17/2006