

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2008
Secretary of State**

DOCUMENT# N96000003210

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

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0680740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: WARNOCK, LYLE
Address: 8580 NAPLES HERITAGE DRIVE #616
City-St-Zip: NAPLES, FL 34112

Title: VPD () Delete
Name: ASIALA, PHILIP
Address: 8600 NAPLES HERITAGE DR #523
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: PULKOWNIK, LAWRENCE
Address: 8540 NAPLES HERITAGE DR. #813
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: WESTFALL, ROBERT
Address: 8555 NAPLES HERITAGE DR. #224
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: GLASER, DON
Address: 8540 NAPLES HERITAGE DR #814
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PULKOWNIK, LAWRENCE
Address: 8540 NAPLES HERITAGE DR. #813
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOVEDALE, ROGER
Address: 8580 NAPLES HERITAGE DR, #621
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify 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: LYLE WARNOCK

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date