2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N96000003325

Entity Name: VERANDA II 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
264 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0680738 **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: GLASPIE, JIM
Address: 8520 NAPLES HERITAGE DRIVE #911
City-St-Zip: NAPLES, FL 34112

Title: VPSD ( ) Delete
Name: DOYLE, CATHERINE
Address: 8520 NAPLES HERITAGE DR- #916
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete
Name: PECK, BOB
Address: 3435 BRIAR DRIVE
City-St-Zip: CARMEL, IN 46033

Title: D ( ) Delete
Name: LEPARDO, JOHN
Address: 8460 NAPLES HERITAGE DR, #1221
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: SULLIVAN, ED
Address: 8480 NAPLES HERITAGE DR #1122
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: TD (X) Change ( ) Addition
Name: O'NEIL, MIKE
Address: 8460 NAPLES HERITAGE DR. #1211
City-St-Zip: NAPLES, FL 34112

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

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

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: JIM GLASPIE PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date