2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N96000004267

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

Current Principal Place of Business:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0693196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER ROAD #4
NAPLES, FL 34109 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: PULLAR, BILL
Address: 8420 NAPLES HERITAGE DRIVE #1411
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete
Name: CORCORAN, ED
Address: 8420 NAPLES HERITAGE DRIVE #1425
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete
Name: GREGIORE, LORRAINE
Address: 8400 NAPLES HERITAGE DRIVE #1523
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: DESHAW, MARY
Address: 8400 NAPLES HERITAGE DRIVE #1522
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete
Name: COMERFORD, TOM
Address: 8440 NAPLES HERITAGE DRIVE #1322
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BILL PULLAR PD 01/22/2009
Electronic Signature of Signing Officer or Director — Date