2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001232

FILED Jan 11, 2006 Secretary of State

Entity Name: VERANDA II AT HERITAGE LINKS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5435 JAEGER ROAD STE 4 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

5435 JAEGER ROAD STE 4 NAPLES, FL 34109

FEI Number: 65-0741681 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:

NEWELL, WILLIAM 5435 JAEGER ROAD #4 NAPLES, FL 34109 US

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:

Floatronia Signature of Degistered Agent

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 FRANZ, VINCENT
 Name:
 CHRISTENSEN, MARY

 Address:
 8360 HERITAGE LINKS CT #2114
 Address:
 8360 HERITAGE LINKS CT #2115

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: VD () Delete Title: VD (X) Change () Addition Name: CHRISTENSEN, MARY Name: FRANZ, VINCENT

Address: 8360 HERITAGE LINKS CT #2115 Address: 8360 HERITAGE LINKS CT #2114

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: STD () Delete Title: TD (X) Change () Addition Name: PISUT, MARTIN Name: PISUT, MARTIN

Address: 8380 HERITAGE LINKS CT #1922 Address: 8380 HERITAGE LINKS CT #1922

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: SD () Change (X) Addition

Name: Name: GOETZ, BETSY

Address: Address: 8380 HERITAGE LINKS CT #1911

City-St-Zip: City-St-Zip: NAPLES, FL 34112

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: MARY CHRISTENSEN PD 01/11/2006