

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001936

FILED
Jan 11, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0764414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER RD. #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: JOHNSTON, MARK
Address: 8365 HERITAGE LINKS CT #1714
City-St-Zip: NAPLES, FL 34112

Title: VTD () Delete
Name: GANT, DAVID
Address: 8365 HERITAGE LINKS CT., #1716
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: MURRAY, GEORGE
Address: 8375 HERITAGE LINKS CT #1816
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: MURRAY, GEORGE
Address: 8375 HERITAGE LINKS CT #1816
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change () Addition
Name: KEA, WILLIAM
Address: 8355 HERITAGE LINKS CT #1621
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: MARK JOHNSTON

PD

01/11/2006

Electronic Signature of Signing Officer or Director

Date