## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003278

FILED Apr 21, 2008 Secretary of State

Entity Name: VERANDA II AT CEDAR HAMMOCK ASSOCIATION INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
65 AIRPO	PROP MGMT. DRT RD. S. FL 34104			
current Mailing Address:		New Mailing Addres	New Mailing Address:	
65 AIRPO	PROP MGMT. DRT RD. S. FL 34104			
El Number	: 65-0928487	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of C	current Registered Agent:	Name and Address	of New Registered Agent:
	PERTY MANA			
65 AIRPO APLES, he above	ORT RD.S. FL 34104 U	IS	ourpose of changing its registere	ed office or registered agent, or both,
65 AIRPO APLES, he above the State	ORT RD.S. FL 34104 U e named entity se of Florida.	IS	ourpose of changing its registere	ed office or registered agent, or both,
S5 AIRPO APLES, he above the State	ORT RD.S. FL 34104 U named entity see of Florida.  RE:	IS		ed office or registered agent, or both,  Date
85 AIRPO APLES, he above the Stati	ORT RD.S. FL 34104 U named entity see of Florida.  RE:	IS submits this statement for the particle of Signature of Registered Ago	ent	
85 AIRPO APLES, he above the Stati	PD ( ) CARTER, EDW	IS submits this statement for the particle Signature of Registered Age TORS: Delete PARD AMMOCK CR #914	ent	Date
S5 AIRPO APLES, ne above the State GNATU FFICER elle: ame: ldress:	PD () CARTER, EDW 8560 CEDAR H NAPLES, FL 3  VPD () PRESTON, DOI	submits this statement for the partic Signature of Registered Age TORS: Delete ARD AMMOCK CR #914 4112 Delete N AMMOCK CR #925	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: EDWARD CARTER PD 04/21/2008