2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N99000003278

Entity Name: VERANDA II AT CEDAR HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

C/O R&P PROP MGMT.
265 AIRPORT RD. S.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROP MGMT.
265 AIRPORT RD. S.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0928487 **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 RD.S.
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: CARTER, EDWARD
Address: 8560 CEDAR HAMMOCK CR #914
City-St-Zip: NAPLES, FL 34112

Title: VPD ( ) Delete
Name: PRESTON, DON
Address: 8560 CEDAR HAMMOCK CR #925
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete
Name: HEVEY, NORM
Address: 8560 CEDAR HAMMOCK CR #921
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEGAZIO, DON
Address: 8570 CEDAR HAMMOCK CIR 3822
City-St-Zip: NAPLES, FL 34112

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

Title: STD (X) Change ( ) Addition
Name: HEVEY, NORM
Address: 8560 CEDAR HAMMOCK CR #921
City-St-Zip: NAPLES, FL 34112

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: DON DEGAZIO PD 03/26/2009

Electronic Signature of Signing Officer or Director — Date