

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90006 011 ***158.75

DOCUMENT # P02000078651					
1. Entity Name VERANDAH REALTY, INC.					
Principal Place of Business 9990 COCONUT RD. SUITE 200 BONITA SPRINGS, FL 34135			Mailing Address 9990 COCONUT RD. SUITE 200 BONITA SPRINGS, FL 34135		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01112006 Chg-P CR2E034 (11/05)	
4. FEI Number: 04-3704459				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILKEY, DENNIS E 9990 COCONUT RD. SUITE 200 BONITA SPRINGS, FL 34135			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME LUCAS, DAVID		TITLE SRVP	NAME SUSAN WATTS	
STREET ADDRESS 9990 COCONUT RD. STE 200	CITY-ST-ZIP BONITA SPRINGS, FL 34135		STREET ADDRESS 9990 COCONUT RD STE 200	CITY-ST-ZIP Bonita Springs FL 34135	
TITLE DP	NAME GILKEY, DENNIS E		TITLE [Blank]	NAME [Blank]	
STREET ADDRESS 9990 COCONUT RD. STE 200	CITY-ST-ZIP BONITA SPRINGS, FL 34135		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
TITLE DST	NAME SCHESTAG, HARVEY R		TITLE [Blank]	NAME [Blank]	
STREET ADDRESS 9990 COCONUT RD. STE 200	CITY-ST-ZIP BONITA SPRINGS, FL 34135		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
TITLE V	NAME MCGOWAN, JAMES P		TITLE [Blank]	NAME [Blank]	
STREET ADDRESS 9990 COCONUT RD.	CITY-ST-ZIP BONITA SPRINGS, FL 34135		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
TITLE V	NAME GREEN, KATHERINE		TITLE [Blank]	NAME [Blank]	
STREET ADDRESS 9990 COCONUT RD.	CITY-ST-ZIP BONITA SPRINGS, FL 34135		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
TITLE AV	NAME EASTMAN, KELLI L		TITLE [Blank]	NAME [Blank]	
STREET ADDRESS 9990 COCONUT RD.	CITY-ST-ZIP BONITA SPRINGS, FL 34135		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 1/20/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					