

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003218 (2)

1. Corporation Name
ST. ANDREWS VERANDAS IV ASSOCIATION, INC.



Principal Place of Business
~~10491 SIX MILE CYPRESS PKWY
SUITE 101
FT. MYERS FL 33912~~

Mailing Address
~~10491 SIX MILE CYPRESS PKWY
SUITE 101
FT. MYERS FL 33912-6406~~

3. Date Incorporated or Qualified 06/13/1996
3a. Date of Last Report

2. Principal Place of Business
c/o Gulf Coast Management Services
10060 Amberwood Road, Suite 3
Fort Myers, Florida 33913

2a. Mailing Address
c/o Gulf Coast Management Services
10060 Amberwood Road, Suite 3
Fort Myers, Florida 33913

4. FEI Number 65-0680731
 Applied For
 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~SWALM & MURRELL, P.A.
2375 TAMiami TRAIL N
SUITE 308
NAPLES FL 33940~~

10. Name and Address of New Registered Agent
81 Name Robert E. Geller
82 Street Address c/o Gulf Coast Management Services
10060 Amberwood Road, Suite 3
83 City Fort Myers, Florida 33913
84 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Robert E. Geller Robert E. Geller 4/26/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIMES, JOSEPH	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, ALAN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)