

5-8-98 B6911 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 May 08 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 C/O GULF COAST MANAGEMENT SERVICES 10080 AMBERWOOD RD. STE. 3 FT. MYERS FL 33913 US	Mailing Address C/O GULF COAST MANAGEMENT SERVICES 10080 AMBERWOOD RD. STE. 3 FT. MYERS FL 33913 US
---	---

3. Date Incorporated or Qualified 06/13/1996
4. FEI Number 65-0680731
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GELLES, ROBERT E
 C/O GULF COAST MANAGEMENT SERVICES
 10080 AMBERWOOD RD, STE. 3
 FT. MYERS FL 33913**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIMES, JOSEPH	1.2 NAME	LEONE LAMMERT
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	1.3 STREET ADDRESS	26901 CLARKSTON DR. # 11104
CITY-ST-ZIP	FT. MYERS FL 33912	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMURRAY, DARIN	2.2 NAME	JAMES LEBO
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	2.3 STREET ADDRESS	314 HILCREST DR.
CITY-ST-ZIP	FT. MYERS FL 33912	2.4 CITY-ST-ZIP	KITTY HAWK, NC 27949
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	BT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, ALAN	3.2 NAME	ROBERT NEUBAUER
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	3.3 STREET ADDRESS	1008 S. BUTTERNUT CIRCLE
CITY-ST-ZIP	FT. MYERS FL 33912	3.4 CITY-ST-ZIP	FRANKFORT, IL 40423
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JOYCE WELIEVER
STREET ADDRESS		4.3 STREET ADDRESS	6803 HOMESTEAD DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46227
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GERALD HESTER
STREET ADDRESS		5.3 STREET ADDRESS	96 WOODLANDS GREEN DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BRADEN, MS 39042
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: James Lebo **James Lebo** 4-5-98 941-945-1419

CR2E037 (10/97)