

DOCUMENT # A1960000 03218

1. Entity Name

ST ANDREWS VERANDAS IV ASSOCIATION INC

FILED Jul 17, 2000 8:00 am Secretary of State

07-17-2000 90074 005 ****61.25

Principal Place of Business Mailing Address
e/o GULF COAST MWBY SERV
10060 AMBERWOOD RD #4
FT MYERS, FL 33193



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65 0680731 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name ALBON, MONA
Street Address (P.O. Box Number is Not Acceptable) 10060 AMBERWOOD RD #4
City FT MYERS FL Zip Code 33913

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.

SIGNATURE Monna Albon 6-1-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FEES \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 6 rows for Officers and Directors, including Title, Name, Street Address, and City-ST-ZIP.

Table with 6 rows for Additions/Changes to Officers and Directors, including Title, Name, Street Address, and City-ST-ZIP.

12. 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 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 617, 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: Jeanne Lammert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #