

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91222 029 \*\*\*\*61.25

**DOCUMENT # N96000003218**

1. Entity Name

**ST. ANDREWS VERANDAS IV ASSOCIATION, INC.**

001472



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O GULF COAST MANAGEMENT SERVICES 10060 AMBERWOOD RD. STE. 3 FT. MYERS FL 33913 US	Mailing Address C/O GULF COAST MANAGEMENT SERVICES 10060 AMBERWOOD RD., STE. 3 FT. MYERS FL 33913 US
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

4. FEI Number <b>65-0680731</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

GELLES, ROBERT E  
 C/O GULF COAST MANAGEMENT SERVICES  
 10060 AMBERWOOD RD, STE. 3  
 FT. MYERS FL 33913

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LAMMERT, LEONE	
STREET ADDRESS	26901 CLARKSTON DRIVE #1104	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LEBO, JAMES	
STREET ADDRESS	314 HILLCREST DRIVE	
CITY-ST-ZIP	KITTYHAWK NC 27949	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NEWBAUER, ROBERT	
STREET ADDRESS	1008 S BUTTERNUT CIRCLE	
CITY-ST-ZIP	FRANKFORT IL 40423	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CASKY, JANE	
STREET ADDRESS	26901 CLARKSTON DR 11102	
CITY-ST-ZIP	BONITA SPGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESTER, GERALD	
STREET ADDRESS	96 WOODLANDS GREEN DRIVE	
CITY-ST-ZIP	BRADEN MS 39042	
TITLE		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAR, VIRGINIA	
STREET ADDRESS	9104 WILKINSON WOODS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* 4-24-01

CR2E037 (10/00)