

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0046610

**DOCUMENT # N96000003218**

1. Entity Name

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

04-02-2002 90066 032 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

**Gulf Coast Management Svcs, Inc.**  
**10060 Amberwood Rd. Suite 4**  
**Ft. Myers, FL 34135**

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**10060 Amberwood Rd. Suite 4**  
**Ft. Myers, FL 34135**



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0680731</b>		Applied For	
City & State		City & State				Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
GELLES, ROBERT E C/O GULF COAST MANAGEMENT SERVICES 10060 AMBERWOOD RD, STE. 3 FT. MYERS FL 33913				Name <u>Ken Hayden</u>			
				Street A _____			
				City <b>10060 Amberwood Rd. Suite 4</b>			
				Zip Code <b>Ft. Myers, FL 33913</b>			

8. The above named entity submits this statement for the purpose of changing its registered office o

SIGNATURE [Signature] DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<b>D</b> <b>LAMMERT, LEONE</b>	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>26901 CLARKSTON DRIVE #1104</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	CITY-ST-ZIP	
TITLE NAME	<b>D</b> <b>LAZAR, VIRGINIA</b>	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>9104 HIGHLAND WOODS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	CITY-ST-ZIP	
TITLE NAME	<b>DV</b> <b>NEWBAUER, ROBERT</b>	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1008 S BUTTERNUT CIRCLE</b>	STREET ADDRESS	<b>Robert Neubauer</b>
CITY-ST-ZIP	<b>FRANKFORT FL 40423</b>	CITY-ST-ZIP	
TITLE NAME	<b>DST</b> <b>CASKY, JANE</b>	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>26901 CLARKSTON DR 11102</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPGS FL 34135</b>	CITY-ST-ZIP	
TITLE NAME	<b>D</b> <b>HESTER, GERALD</b>	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>96 WOODLANDS GREEN DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRADEN MS 39042</b>	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 title empowered.

SIGNATURE: [Signature] DATE 2/26/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)