


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 024 ****61.25

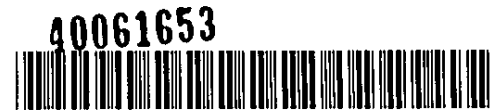
DOCUMENT # N96000003218

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



Principal Place of Business
TROPICAL ISLES MANAGEMENT SERVICE, INC.
12734 KENWOOD LN, STE. 49
FT MYERS, FL 33907

Mailing Address
TROPICAL ISLES MANAGEMENT SERVICE, INC.
12734 KENWOOD LN, STE. 49
FT MYERS, FL 33907



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072008 Chg-NP CR2E037 (12/06)

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

TROPICAL ISLES MANAGEMENT SERVICE, INC.
12734 KENWOOD LN, STE. 49
FT. MYERS, FL 33907

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NEUBAUER, BOB	
STREET ADDRESS	26841 CLARKSTON DRIVE #13106	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAZAR, GINNY	
STREET ADDRESS	26871 CLARKSTON DRIVE #12203	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	TP	<input type="checkbox"/> Delete
NAME	HESTER, GERALD	
STREET ADDRESS	26901 CLARKSTON DRIVE #11207	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAVIN, ROSE MARIE	
STREET ADDRESS	26901 CLARKSTON DR #11204.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNETT, ROBERT	
STREET ADDRESS	26841 CLARKSTON DR 13101	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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 exemptions contained in Chapter 119, 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: *Bob Neubaer President SAV-IV* **03/19/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #