

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003218

FILED
Jan 27, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0680731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEUBAUER, BOB
Address: 26841 CLARKSTON DRIVE #13106
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: LAZAR, GINNY
Address: 26871 CLARKSTON DRIVE #12203
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TP () Delete
Name: HESTER, GERALD
Address: 26901 CLARKSTON DRIVE #11207
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: GAVIN, ROSE MARIE
Address: 26901 CLARKSTON DR #11204.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: KENNETT, ROBERT
Address: 26841 CLARKSTON DR 13101
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNIE NESPOLI

CAM

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date