2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003218

FILED Mar 28, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: F

Name: STATHER, DOUG

Address: 26160 CLARKSTON DRIVE #25102 City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP

Name: HANLEY, JOHN

Address: 26150 CLARKSTON DRIVE #26101 City-St-Zip: BONITA SPRINGS, FL 34135

Title: T

Name: BERGMANN, CHUCK

Address: 26170 CLARKSTON DRIVE #24105 City-St-Zip: BONITA SPRINGS, FL 34135

Title:

Name: FOLEY, NANCY

Address: 26106 CLARKSTON DR #25103 City-St-Zip: BONITA SPRINGS, FL 34135

Title:

Name: BELL, IRVING

Address: 26150 CLARKSTON DR #26205 City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: DOUG STATHER P 03/28/2010