

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003218

FILED
Feb 23, 2012
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
Name: NEUBAUER, BOB
Address: 26841 CLARKSTON DRIVE, UNIT #13106
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: ST
Name: HESTER, GERRY
Address: 26170 CLARKSTON DRIVE #24105
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: RENO, BEVERLY
Address: 26871 CLARKSTON DRIVE, UNIT #12105
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: GAVIN, ROSE MARIE
Address: 26901 CLARKSTON DRIVE
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: JEANNIE NESPOLI

CAM

02/23/2012

Electronic Signature of Signing Officer or Director

Date