

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003322

FILED
Jun 21, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

C/O GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD RD., STE. 3
FT MYERS, FL 33913 US

New Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Current Mailing Address:

C/O GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD RD, STE. 3
FT MYERS, FL 33913 US

New Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

FEI Number: 65-0680732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, ROBERT E
C/O GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD RD., STE. 3
NAPLES, FL 33913 US

Name and Address of New Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 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: GLENN CARROLL

06/21/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PIERCE, ROBERT
Address: 26931 CLARKSTON DR., 10102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: CONWAY, THOMAS
Address: 26961 CLARKTON #9104
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DST (X) Delete
Name: DOWNEY, EDWARD
Address: 26991 CLARKSTON DR., 8202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P () Delete
Name: KRIVA, OTTO
Address: 26961 CLARKSTON DR., #9204
City-St-Zip: BONITA SPRINGS, FL

Title: D () Delete
Name: SERGEANT, RON
Address: 26961 CLARKSTON DR., 9207
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: IMPENS, JOHN
Address: 26931 SUNDERLAND DRIVE # 10205
City-St-Zip: BONITA SPRINGS, FL 34135

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 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 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: OTTO KRIVA

P

06/21/2002

Electronic Signature of Signing Officer or Director

Date