## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000003322

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

Apr 01, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
C/O R&P PROPERTY MANAGEMENT	

265 AIRPORT ROAD SOUTH NAPLES, FL 34104

**Current Mailing Address: New Mailing Address:** 

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

FEI Number: 65-0680732 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:

**R&P PROPERTY MANAGEMENT** 265 AIRPORT ROAD SOUTH NAPLES, FL 34104

**OFFICERS AND DIRECTORS:** 

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD (X) Change ( ) Addition () Delete IMPENS, JOHN DIAMOND, DAN Name: Name: Address:

26931 SUNDERLAND DRIVE # 10205 Address: 26991 CLARKSTON DRIVE #8204 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete Title: (X) Change ( ) Addition Name: CONWAY, THOMAS Name: CONWAY, THOMAS

Address: 26961 CLARKTON #9104 Address: 26961 CLARKTON #9104 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete Title: (X) Change ( ) Addition KRIVA, OTTO Name: KRIVA, OTTO Name:

26961 CLARKSTON DR., #9204 Address:

26961 CLARKSTON DR., #9204 Address: City-St-Zip: BONITA SPRINGS, FL City-St-Zip: BONITA SPRINGS, FL

Title: () Delete Title: PD (X) Change ( ) Addition

SERGEANT, RON Name: Name: SERGEANT, RON

26961 CLARKSTON DR., 9207 26961 CLARKSTON DR., 9207 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

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: RON SERGEANT PD 04/01/2003