


FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90057 005 ****61.25

0060569

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000004443

1. Corporation Name
ST. ANDREWS VERANDAS V ASSOCIATION, INC.

Principal Place of Business C/O GULF COAST MANAGEMENT SERVICES 10060 AMBERWOOD RD., STE. 3 FT. MYERS FL 33913 US	Mailing Address C/O GULF COAST MANAGEMENT SERVICES 10060 AMBERWOOD RD., STE. 3 FORT MYERS FL 33913 US
--	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/22/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0694705
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, JOSEPH	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY STE 101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY STE 101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, ALAN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY STE 101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Burnham, Walter
1.3 STREET ADDRESS	25811 Clarkston Drive #14104
1.4 CITY-ST-ZIP	Bonita Springs, FL 34135
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Graybeal, John
2.3 STREET ADDRESS	26751 Clarkston Drive #15105
2.4 CITY-ST-ZIP	Bonita Springs, FL 34135
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nevin, Ronald
3.3 STREET ADDRESS	25781 Clarkston Drive #15101
3.4 CITY-ST-ZIP	Bonita Springs, FL 34135
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Smith, James
4.3 STREET ADDRESS	26781 Clarkston Drive #15208
4.4 CITY-ST-ZIP	Bonita Springs, FL 34135
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Weerts, Sean
5.3 STREET ADDRESS	25811 Clarkston Drive #14204
5.4 CITY-ST-ZIP	Bonita Springs, FL 34135
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Graybeal DATE: 4-1-99 DAYTIME PHONE #: 941-561-1500

CR2E037 (1/198)