

**00 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90219 038 \*\*\*\*61.25

DOCUMENT # N96000004443  
 Entity Name  
**ST. ANDREWS VERANDAS V. ASSOCIATION, INC.** ✓

00063147

Principal Place of Business      Mailing Address  
SIX MILE CYPRESS PKWY. SUITE 101      10491 SIX MILE CYPRESS PKWY. SUITE 101  
MYERS FL 33912      FT. MYERS FL 33912-6406

Principal Place of Business      3. Mailing Address  
0060 Amberwood      10060 Amberwood Rd  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
suite A      Suite A  
 City & State      City & State  
ft. Myers, FL      ft. Myers, FL  
 Zip      Country      Zip      Country  
33913      USA      33913      USA

4. FEI Number      Applied For  
65-0694705      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name  
Monica J. Nelson  
 Street Address (P.O. Box Number is Not Acceptable)  
ADGULE GDAST MNGT SVCS  
10600 AMBERWOOD RD #4  
 City      State      Zip Code  
FT MYERS      FL      33913

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: Monica J. Nelson      DATE: 5-31-00  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees  
 Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Delete	<b>P</b> JOHN GRAYBEAN 26751 CLARKSTON #16206 BONITA SPRINGS FL 34135	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<b>DVIP</b> BILL HENDERSON 26751 CLARKSTON #15102 BONITA SPRINGS FL 34135	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<b>R</b> RICHARD NELSON 26751 CLARKSTON #16204 BONITA SPRINGS FL 34135	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<b>T</b> BRUCE NELSON 26811 CLARKSTON #14201 BONITA SPRINGS, FL 34135	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<b>D</b> BILL HENNINGSON 28811 CLARKSTON #14106 BONITA SPRINGS FL 34135	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]