

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2001 8:00 am**  
**Secretary of State**

08-22-2001 90001 020 \*\*\*\*61.25

**DOCUMENT # N96000004443**

1. Entity Name

**ST. ANDREWS VERANDAS V ASSOCIATION, INC.**

Principal Place of Business

**10060 AMBERWOOD RD., STE. 9  
 FT. MYERS FL 33913  
 US**

Mailing Address

**10060 AMBERWOOD RD., STE. 9  
 FT. MYERS FL 33913  
 US**

**A0082331**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0694705**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALWAN, MONA J  
 C/O GULF COAST MANAGEMENT SERVICES  
 10060 AMBERWOOD RD., STE. 4  
 FT. MYERS FL 33913**

Name *Ren Hayden*  
 Street Address (P.O. Box Number is Not Acceptable)

City **Gulf Coast Management Services, Inc.**  
**10060 Amberwood Rd. Suite 4  
 Ft. Myers, FL 33913**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered of

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **HENTHORN, BILL**  
 STREET ADDRESS **26811 CLARKSTON #14106**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE  Change  Addition  
 NAME **Jack Hinterschied**  
 STREET ADDRESS **26751 Clarkston #106**  
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **PO**  Delete  
 NAME **GRAYBEAL, JOHN**  
 STREET ADDRESS **26751 CLARKSTON DR #15105**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE  Change  Addition

TITLE **DVP**  Delete  
 NAME **HENDERSON, BILL**  
 STREET ADDRESS **26781 CLARKSTON #15102**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE  Change  Addition

TITLE **SITD**  Delete  
 NAME **NELSON, RICHARD**  
 STREET ADDRESS **26751 CLARKSON #16204**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE  Change  Addition

TITLE **D**  Delete  
 NAME **NELSON, BRUCE**  
 STREET ADDRESS **26811 CLARKSTON #14201**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

12. 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:

*John Graybeal*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Filing Fee: \$ \_\_\_\_\_

CR2E037 (5/01)