2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000004443

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

FILED May 07, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Principal Place of Bu	New Principal Place of Business:	
10060 AMBERWOOD RD., STE. 9 FT. MYERS, FL 33913 US			C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 US	
Current N	lailing Address:	New Mailing Address:	New Mailing Address:	
10060 AMBERWOOD RD., STE. 9 FT. MYERS, FL 33913 US			C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 US	
FEI Number	: 65-0694705 FEI Number Applied For ()	FEI Number Not Applicable ()	ertificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address of New	Registered Agent:	
HAYDEN, KEN GULF COAST MANAGEMENT 10060 AMBERWOOD RD., STE. 4 FT. MYERS, FL 33913 US			R&P PROPERTY MANAGEMENT 265 AIRPOR ROAD SOUTH NAPLES, FL 34104 US	
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office	e or registered agent, or both,	
SIGNATU	RE: GLENN CARROLL		05/07/2002	
	Electronic Signature of Registered A	gent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete HINTERSCHIED, JACK 26751 CLARKSTON 16106 BONITA SPRINGS, FL 34135	Title: () Ch: Name: Address: City-St-Zip:	ange () Addition	
Title: Name: Address: City-St-Zip:	PD () Delete GRAYBEAL, JOHN 26751 CLARKSTON 16206 BONITA SPRINGS, FL 34135	Title: () Change: Name: Address: City-St-Zip:	ange () Addition	
Title: Name: Address: City-St-Zip:	DVP () Delete HENDERSON, BILL 26781 CLARKSTON #15102 BONITA SPRINGS, FL 34135	Title: () Chi Name: Address: City-St-Zip:	ange () Addition	
Title: Name: Address: City-St-Zip:	STD () Delete NELSON, RICHARD 26751 CLARKSON #16204 BONITA SPRINGS, FL 34135	Title: () Ch Name: Address: City-St-Zip:	ange()Addition	
Title: Name: Address: City-St-Zip:	D () Delete NELSON, BRUCE 26811 CLARKSTON #14201 BONITA SPRINGS, FL 34135	Title: () Ch Name: Address: City-St-Zip:	ange()Addition	

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: JOHN GRAYBEAL PD 05/07/2002