

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N96000004443

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0694705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, GLENN
265 AIRPOR ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAYBEAL, JOHN
Address: 26751 CLARKSTON 16206
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: HENDERSON, BILL
Address: 26781 CLARKSTON #15102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST () Delete
Name: NELSON, RICHARD
Address: 26751 CLARKSON #16204
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: NELSON, BRUCE
Address: 26811 CLARKSTON #14201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: HINTERSCHIED, JACK
Address: 26751 CLARKSTON DR #16106
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date