

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NQ600000443  
 1. Entity Name  
ST ANDREWS VERANDAS V CONDOMINIUM  
ASSOC.



FILED  
 03 JUN 20 AM 11:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

100021160011  
 06/26/03--01058--012 \*\*\$1.25

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2. Principal Place of Business  
C/O R&P Prop. Mgmt C/O R&P Prop. Mgmt  
 Suite, Apt., etc.  
265 Airport Rd. S.  
 City & State  
Naples, FL  
 Zip  
34104 Country  
USA

4. FEI Number  
05-0694705 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent  
 Name  
Glenn Carroll  
 Street Address (P.O. Box Number is Not Acceptable)  
265 Airport Rd. S.  
 City  
Naples FL Zip Code  
34104

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

FEE IS \$61.25  
 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Graybeal 26751 Clarkston Dr. #16206 Bonita Springs, FL. 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President William Henderson 26781 Clarkston Dr. #15102 Bonita Springs, FL. 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./Treas. Richard Nelson 26751 Clarkston Dr. #16204 Bonita Springs, FL. 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bruce Nelson 26811 Clarkston Dr. #14201 Bonita Springs, FL. 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jack Hinterschied 26751 Clarkston Dr. #16106 Bonita Springs, FL. 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

5/29/03  
 Date

Daytime Phone #

26/20

CR2E037B (12/02)