

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003218

Entity Name: ST. ANDREWS VERANDAS IV ASSOCIATION, INC.**Current Principal Place of Business:**TROPICAL ISLES MANAGEMENT SERVICE, INC.
12734 KENWOOD LN, STE. 49
FT MYERS, FL 33907**Current Mailing Address:**TROPICAL ISLES MANAGEMENT SERVICE, INC.
12734 KENWOOD LN, STE. 49
FT MYERS, FL 33907**FEI Number:** 65-0680731**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TROPICAL ISLES MANAGEMENT SERVICE, INC.
12734 KENWOOD LN, STE. 49
FT. MYERS, FL 33907 US*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

Officer/Director Detail :

Title	PRESIDENT
Name	GAVIN, ROSE
Address	12734 KENWOOD LANE SUITE 49
City-State-Zip:	FORT MYERS FL
Title	TREASURER
Name	DORIS, STEVE
Address	TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LN, STE. 49
City-State-Zip:	FT MYERS FL 33907
Title	DIRECTOR
Name	KRAFT, ED
Address	TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LN, STE. 49
City-State-Zip:	FT MYERS FL 33907

Title	VP
Name	HEDGESPETH, EARL
Address	TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LN, STE. 49
City-State-Zip:	FT MYERS FL 33907
Title	SECRETARY
Name	RENO, BEVERLY
Address	TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LN, STE. 49
City-State-Zip:	FT MYERS FL 33907

I hereby 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 all other like empowered.

SIGNATURE: ROSE GAVIN

PRESIDENT

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date