2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003218

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

FILED
Mar 10, 2023
Secretary of State
5176420837CC

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 Title VP

Name HEDGESPETH, EARL Name STACK, DICK

Address TROPICAL ISLES MANAGEMENT Address TROPICAL ISLES MANAGEMENT

SERVICE, INC. SERVICE, INC.

12734 KENWOOD LN, STE. 49 12734 KENWOOD LN, STE. 49

City-State-Zip: FT MYERS FL 33907 City-State-Zip: FT MYERS FL 33907

Title TREASURER Title DIRECTOR

Name STIMETS, JOHN Name TORTOLANI, DIANE

Address TROPICAL ISLES MANAGEMENT Address TROPICAL ISLES MANAGEMENT

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City-State-Zip: FT MYERS FL 33907 City-State-Zip: FT MYERS FL 33907

Title DIRECTOR

Name ALFONSO, BARBARA

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: EARL HEDGESPETH PRESIDENT 03/10/2023