

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003218

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

**FILED**  
**Mar 04, 2021**  
**Secretary of State**  
**7434382007CC**

**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            HEDGESPEETH, EARL  
Address        TROPICAL ISLES MANAGEMENT  
                  SERVICE, INC.  
                  12734 KENWOOD LN, STE. 49  
City-State-Zip: FT MYERS FL 33907

Title            VP  
Name            STACK, DICK  
Address        TROPICAL ISLES MANAGEMENT  
                  SERVICE, INC.  
                  12734 KENWOOD LN, STE. 49  
City-State-Zip: FT MYERS FL 33907

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

Title            DIRECTOR  
Name            TORTOLANI, DIANE  
Address        TROPICAL ISLES MANAGEMENT  
                  SERVICE, INC.  
                  12734 KENWOOD LN, STE. 49  
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

Title            LCAM  
Name            NESPOLI, JEANNIE  
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: JEANNIE NESPOLI**

**LCAM**

**03/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date