

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003218

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

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC0041445311**

**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	SECRETARY/TREASURER
Name	GAVIN, ROSE	Name	ESSLINGER, KAREN
Address	12734 KENWOOD LANE SUITE 49	Address	12734 KENWOOD LANE SUITE 49
City-State-Zip:	FORT MYERS FL	City-State-Zip:	FORT MYERS FL 33907
Title	VICE PRESIDENT	Title	DIRECTOR
Name	DORIS, STEPHEN	Name	TROCHUCK, RON
Address	12734 KENWOOD LANE SUITE 49	Address	12734 KENWOOD LANE SUITE 49
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT 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**

**04/08/2015**

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

\_\_\_\_\_  
Date