## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003218

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

FILED Feb 22, 2013 Secretary of State CC0830832663

## **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 P Title VP

Name NEUBAUER, BOB Name LAZAR, GINNY

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 ST Title D

Name HESTER, GERRY Name GAVIN, ROSE MARIE

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 PHELPS, ED

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: BOB NEUBAUER PRESIDENT 02/22/2013