

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003218

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

**FILED**  
**Mar 20, 2018**  
**Secretary of State**  
**CC9536920485**

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

Title            TREASURER  
Name            STACK, DICK  
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

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            GAVIN, ROSE  
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**

**03/20/2018**

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

\_\_\_\_\_  
Date