

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 20, 2014
Secretary of State
CC6855492355

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

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 PHELPS, 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 12734 KENWOOD LANE
 SUITE 49
City-State-Zip: FORT MYERS FL

Title SECRETARY
Name ESSLINGER, KAREN
Address 12734 KENWOOD LANE
 SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title TREASURER
Name DORIS, STEPHEN
Address 12734 KENWOOD LANE
 SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name TROCHUCK, RON
Address 12734 KENWOOD LANE
 SUITE 49
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: ED PHELPS

PRESIDENT

02/20/2014

Electronic Signature of Signing Officer/Director Detail

Date