

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003322

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

**FILED**  
**Aug 05, 2014**  
**Secretary of State**  
**CC8974332525**

**Current Principal Place of Business:**

5401 TAYLOR ROAD  
SUITE 3  
NAPLES, FL 34109

**Current Mailing Address:**

PMB # 188  
2430 VANDERBILT BEACH ROAD # 108  
NAPLES, FL 34109 US

**FEI Number: 65-0680732**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RANDALL & HOYLE PROPERTY MANAGEMENT, INC.  
5401 TAYLOR ROAD  
SUITE 3  
NAPLES, FL 34109 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 TD  
Name KRAYNICK, PAT  
Address 26931 CLARKSTON DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title PD  
Name STADLER, CLIFF  
Address 26961 CLARKTON DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title SD  
Name SCHWIRING, ROBERT  
Address 26931 CLARKSTON DR IVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name KENNISON, DOROTHY  
Address 26961 CLARKSTON DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name BARAM, MICHAEL  
Address 26961 CLARKSTON DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

*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: CLIFF STADLER**

**PRESIDENT**

**08/05/2014**

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

\_\_\_\_\_  
Date