

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005585

FILED
Apr 14, 2006
Secretary of State

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

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0639278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: STARK, LAVON
Address: 26250 SUNDERLAND DRIVE #7108
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: BEUTEN, BARBARA
Address: 26330 SUNDERLAND DRIVE #5104
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: SHIELDS, HARLAND
Address: 26290 SUNDERLAND DRIVE #6250
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Delete
Name: SWIM, SHARON
Address: 9104 HIGHLAND WOODS
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD () Delete
Name: DWYER, JOHN
Address: 9104 HIGHLAND WOODS
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SHIELDS, HARLAND
Address: 26290 SUNDERLAND DRIVE #6250
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLENN CARROLL

PRES

04/14/2006

Electronic Signature of Signing Officer or Director

_____ Date