## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005585

FILED Apr 02, 2007 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:		
265 AIRP	PROPERTY MANAGEMENT ORT ROAD SOUTH FL 34104 US			
Current Mailing Address:		New Mailing Address:		
265 AIRP	PROPERTY MANAGEMENT ORT ROAD SOUTH FL 34104 US			
El Number	:: 65-0639278 FEI Number Applied For ( )	FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
265 AIRP	PERTY MANAGEMENT ORT ROAD SOUTH FL 34104 US			
	e named entity submits this statement for the pue of Florida.	ırpose of changing it	ts registered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
itle: lame: ddress: city-St-Zip:	VPD ( ) Delete STARK, LAVON 26250 SUNDERLAND DRIVE #7108 BONITA SPRINGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: city-St-Zip:	D ( ) Delete BEUTEN, BARBARA 26330 SUNDERLAND DRIVE #5104 BONITA SPRINGS, FL 34135	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition BEUTEN, BARBARA 26330 SUNDERLAND DRIVE #5104 BONITA SPRINGS, FL 34135	
itle: lame: ddress: ity-St-Zip:	TD ( ) Delete SHIELDS, HARLAND 26290 SUNDERLAND DRIVE #6250 BONITA SPRINGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition	
	S ( ) Delete	Title: Name:	D (X) Change ( ) Addition RISCHITELLI, ROBERT J	
lame: .ddress:	SWIM, SHARON 9104 HIGHLAND WOODS BONITA SPRINGS, FL 34135	Address: City-St-Zip:	26290 SUNDERLAND DR # 6101 BONITA SPRINGS, FL 34135	
itle: lame: .ddress: bity-St-Zip: itle: lame: .ddress: bity-St-Zip:	9104 HIGHLAND WOODS	Address:		

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 04/02/2007