


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90022 010 \*\*\*\*61.25

DOCUMENT # N96000003218					
<b>1. Entity Name</b> ST. ANDREWS VERANDAS IV ASSOCIATION, INC.					
<b>Principal Place of Business</b> TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LN, STE. 49 FT MYERS, FL 33907			<b>Mailing Address</b> TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LN, STE. 49 FT MYERS, FL 33907		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0680731	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TROPICAL ISLES MANAGEMENT SERVICE, INC. 12734 KENWOOD LN, STE. 49 FT. MYERS, FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P <i>resident</i> <input type="checkbox"/> Delete NEUBAUER, BOB 26841 CLARKSTON DRIVE #13106 BONITA SPRINGS, FL 34135		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>Diandra ROSE MARIE GAVIN</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 26901 Clarkston Dr. # 11204 Bonita Springs, FL 34135	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP <input type="checkbox"/> Delete LAZAR, GINNY 26871 CLARKSTON DRIVE #12203 BONITA SPRINGS, FL 34135		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TP <input type="checkbox"/> Delete HESTER, GERALD 26901 CLARKSTON DRIVE #11207 BONITA SPRINGS, FL 34135		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input checked="" type="checkbox"/> Delete CZARNOTA, MARION 26901 CLARKSTON DR 11201 BONITA SPRINGS, FL 34135		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete KENNETT, ROBERT 26841 CLARKSTON DR 13101 BONITA SPRINGS, FL 34135		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	ASM <input checked="" type="checkbox"/> Delete REEDDING, DON 12734 KENWOOD LN, #49 FORT MYERS, FL 33907		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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