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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003322 (2)

1. Corporation Name

ST. ANDREWS VERANDAS III ASSOCIATION, INC.



Principal Place of Business

10491 SIX MILE CYPRESS PKWY. STE 101
FT MYERS FL 33912

Mailing Address

10491 SIX MILE CYPRESS PKWY. STE 101
FT MYERS FL 33912-6406

3. Date Incorporated or Qualified
06/20/1996

3a. Date of Last Report

2. Principal Place of Business

c/o Gulf Coast Management Services
10060 Amberwood Road, Suite 3
Fort Myers, Florida 33913

2a. Mailing Address

c/o Gulf Coast Management Services
10060 Amberwood Road, Suite 3
Fort Myers, Florida 33913

4. FEI Number

65-0680732

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SWALM & MURBELL PA
2375 TAMiami TRAIL STE 308
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Robert E. Geller
82 Street Address c/o Gulf Coast Management Services
83 10060 Amberwood Road, Suite 3
84 City Fort Myers, Florida 33913 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature by and or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Robert E. Geller

Robert E. Geller

4/25/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIMES, JOSEPH	
STREET ADDRESS	10491 SIX MILE CYPRESS PRKWAY STE 101	
CITY - ST - ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PRKWAY STE 101	
CITY - ST - ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, ALAN	
STREET ADDRESS	10491 SIX MILE CYPRESS PRKWAY STE 101	
CITY - ST - ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pierce, Robert
2.3 STREET ADDRESS	26981 Clarkston Drive #10102
2.4 CITY - ST - ZIP	Benita Springs, FL 34135
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thornton, Robert
3.3 STREET ADDRESS	731 Wilkeshead Drive
3.4 CITY - ST - ZIP	Naples, FL 34103
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Downey Edward
4.3 STREET ADDRESS	26991 Clarkston Drive #5202
4.4 CITY - ST - ZIP	Benita Springs, FL 34135
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Friva Otto
5.3 STREET ADDRESS	26901 Clarkston Drive #9204
5.4 CITY - ST - ZIP	Benita Springs, FL 34135
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Budzynski, Thomas
6.3 STREET ADDRESS	26981 Clarkston Drive #10206
6.4 CITY - ST - ZIP	Benita Springs, FL 34135

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSEPH GRIMES

2/27/97 (94) 498-1270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066648

CFR2E037 (9/96)