

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90014 021 ****61.25

DOCUMENT # N98000000503

1. Entity Name
ST. ANDREWS VERANDAS VII ASSOCIATION, INC.



Principal Place of Business
**TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907**

Mailing Address
**TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0817779

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CAMPBELL, ED**
STREET ADDRESS **26200 CLARKSTON DR UNIT 21201**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **VP** ☒ Delete
NAME **OLSON, TOM**
STREET ADDRESS **8685 OLD VILLAGE LANE**
CITY-ST-ZIP **MENTOR, OH 44060**

TITLE **TD** ☒ Delete
NAME **HEDEEN, BEVERLY**
STREET ADDRESS **26150 CLARKSTON DR UNIT #23201**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **VP** ☐ Delete
NAME **BRANNAN, BOB DAWN**
STREET ADDRESS **26200 CLARKSTON DRIVE #21101**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **SD** ☒ Delete
NAME **KESSLER, WARREN**
STREET ADDRESS **150 TOUISSET POINT**
CITY-ST-ZIP **READFIELD, ME 04355**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Dir.** ☐ Change ☒ Addition
NAME **Bette Kohler**
STREET ADDRESS **26210 Clarkston Dr #20304**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **Pres** ☐ Change ☐ Addition
NAME **Ken CORNELL**
STREET ADDRESS **26200 Clarkston Dr #21104**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **Sec** ☐ Change ☒ Addition
NAME **RAYMOND A. BENINGA**
STREET ADDRESS **26180 CLARKSTON DR #23101**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #