2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N98000000503

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0817779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907 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: D ( ) Delete
Name: CAMPBELL, ED
Address: 26200 CLARKSTON DR UNIT 21201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P ( ) Delete
Name: CORNELL, KEN
Address: 26208 CLARKSTON DR #21104
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete
Name: RATMONSO, BENIRRGE A
Address: 26180 CLARKSTON DR #23101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete
Name: BRANNAN, BOB
Address: 26200 CLARKSTON DRIVE #21101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: KOHLER, BETTA
Address: 26210 CLARKSTON DR #20204
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: T (X) Change ( ) Addition
Name: BERINGER, RAY
Address: 26180 CLARKSTON DR #23101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP (X) Change ( ) Addition
Name: BRANNAN, DAWN
Address: 26200 CLARKSTON DRIVE #21101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change ( ) Addition
Name: KOHLER, BETTE
Address: 26210 CLARKSTON DR #20204
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify 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: JEANNIE NESPOLI CAM 01/27/2009

Electronic Signature of Signing Officer or Director — Date