

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 019 ****61.25

DOCUMENT # N99000001896

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



Principal Place of Business
TROPICAL ISLES MGMT.
12734 KENWOOD LANE, #49
FORT MYERS, FL 33907

Mailing Address
TROPICAL ISLES MGMT.
12734 KENWOOD LANE, #49
FORT MYERS, FL 33907



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

05112005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0913768

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 MGMT.
12734 KENWOOD LANE
#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 September 7, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MCCARTNY, JACK
STREET ADDRESS 26160 CLARKSON DR #25101
CITY-ST-ZIP BONITA SPRINGS, FL 34135

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

TITLE ~~DT~~ ☐ Delete
NAME BERGMANN, CHUCK
STREET ADDRESS 26170 CLARKSTON DR. #24105
CITY-ST-ZIP BONITA SPRINGS, FL 34135

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

TITLE DVP ☐ Delete
NAME STATHER, DOUG
STREET ADDRESS 53 GATES ST.
CITY-ST-ZIP FRAMINGHAM, MA 01702

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

TITLE SD ☐ Delete
NAME FOLEY, NANCY
STREET ADDRESS 26160 CLARKSTON DR #25103
CITY-ST-ZIP BONITA SPRINGS, FL 34135

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

TITLE ~~D~~ ☐ Delete
NAME PORDON, TONY
STREET ADDRESS 3883 EAST POND CT.
CITY-ST-ZIP LAKE ORION, MI 48359

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ASM
STREET ADDRESS Don Roedding
CITY-ST-ZIP 12734 Kenwood Lane
Fort Myers, FL 33907

12. I 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 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 #