

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90129 034 \*\*\*\*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**

40045341



02152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>65-0913768</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>TROPICAL ISLES MGMT. 12734 KENWOOD LANE #49 FORT MYERS, FL 33907</b>				7. Name and Address of New Registered Agent			
Name							
Street Address (P.O. Box Number is Not Acceptable)							
City				<b>FL</b>		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, 2007**

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	DT <i>Treasurer</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGMANN, CHUCK			NAME			
STREET ADDRESS	26170 CLARKSTON DR, #24105			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135			CITY-ST-ZIP			
TITLE	DVP <i>President</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STATHER, DOUG			NAME			
STREET ADDRESS	<del>53 GATES ST.</del> <i>26160 Clarkston Drive</i>			STREET ADDRESS			
CITY-ST-ZIP	<del>FRAMINGHAM, MA 01702</del> <i>Bonita Springs, FL 34135</i>			CITY-ST-ZIP			
TITLE	SD <i>Secretary</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLEY, NANCY			NAME			
STREET ADDRESS	26160 CLARKSTON DR #25103			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135			CITY-ST-ZIP			
TITLE	VP <i>John Hanley</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS	<i>26150 Clarkston Drive</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>Bonita Springs, FL 34135</i>			CITY-ST-ZIP			
TITLE	<i>Dirck Irving Bell</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS	<i>26150 Clarkston Drive</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>Bonita Springs, FL 34135</i>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Douglas C. Stather*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #