


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-11-2008 90014 022 \*\*\*\*61.25

<b>DOCUMENT # N99000001896</b>					
<b>1. Entity Name</b> ST. ANDREWS VERANDAS VIII ASSOCIATION, INC.					
<b>Principal Place of Business</b> TROPICAL ISLES MGMT. 12734 KENWOOD LANE, #49 FORT MYERS, FL 33907			<b>Mailing Address</b> TROPICAL ISLES MGMT. 12734 KENWOOD LANE, #49 FORT MYERS, FL 33907		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0913768	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TROPICAL ISLES MGMT. 12734 KENWOOD LANE #49 FORT MYERS, FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> BERGMANN, CHUCK 26170 CLARKSTON DR., #24105 BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>P</b> STATHER, DOUG 26160 CLARKSTON DR #25102 BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>S</b> FOLEY, NANCY 26160 CLARKSTON DR #25103 BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>VP</b> HANLEY, JOHN 26150 CLARKSTON DR #26101 BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>D</b> BELL, IRVING 26150 CLARKSTON DR #26205 BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Douglas C Statter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><i>2/12/08</i></span> <span><i>239-390-2670</i></span> </div> <small>Date Daytime Phone</small>		