

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001896

FILED
Jan 27, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0913768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MGMT.
12734 KENWOOD LANE
#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: T () Delete
Name: BERGMANN, CHUCK
Address: 26170 CLARKSTON DR., #24105
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P () Delete
Name: STATHER, DOUG
Address: 26160 CLARKSTON DR #25102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Delete
Name: FOLEY, NANCY
Address: 26160 CLARKSTON DR #25103
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: HANLEY, JOHN
Address: 26150 CLARKSTON DR #26101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: BELL, IRVING
Address: 26150 CLARKSTON DR #26205
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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