

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001896

FILED
Feb 20, 2012
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: P
Name: HANLEY, JOHN
Address: 26150 CLARKSTON DRIVE, UNIT #26101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP
Name: BERGMANN, CHUCK
Address: 26170 CLARKSTON DRIVE, UNIT #24105
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S
Name: FOLEY, NANCY
Address: 26160 CLARKSTON DRIVE, UNIT #25103
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T
Name: CUSHING, BETTY
Address: 26150 CLARKSTON DRIVE, UNIT #26101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: BELL, IRVING
Address: 26150 CLARKSTON DRIVE, UNIT #26205
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: JEANNIE NESPOLI

CAM

02/20/2012

Electronic Signature of Signing Officer or Director

Date