

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90102 046 ***150.00

DOCUMENT # 435615



1. Entity Name
ST. ANDREWS MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address
4475 N. OCEAN BOULEVARD **4475 N. OCEAN BOULEVARD**
DELRAY BEACH, FL 33483-7501 **DELRAY BEACH, FL 33483-7501**

50011229



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03152006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1482988 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROD TENNYSON, P.A.
1450 CENTREPARK BLVD., STE 100
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BONE, BRUCE	
STREET ADDRESS	4475 N. OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHANDLER, FRED	
STREET ADDRESS	4475 N. OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BONGARD, GORDON RP	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RICHARD, FRANCIS	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, PETER	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, 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

4/5/06 *561-266-5702*
 Date Daytime Phone #