

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 435615

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: ST. ANDREWS MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:**

4475 N. OCEAN BOULEVARD  
DELRAY BEACH, FL 334837501

**New Principal Place of Business:**

**Current Mailing Address:**

4475 N. OCEAN BOULEVARD  
DELRAY BEACH, FL 334837501

**New Mailing Address:**

FEI Number: 59-1482988      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROD TENNYSON, P.A.  
1450 CENTREPARK BLVD., STE 100  
WEST PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BONE, BRUCE  
Address: 4475 N. OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD ( ) Delete  
Name: BARLOW, WILLIAM  
Address: 4475 N. OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: S ( ) Delete  
Name: BURNS, MICHAEL  
Address: 4475 N OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD ( ) Delete  
Name: MARTIN, PETER  
Address: 4475 N OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: AVP ( ) Delete  
Name: HUME, GEOFFREY W  
Address: 4475 N OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

**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: T (X) Change ( ) Addition  
Name: DEMBROSKI, GEORGE S  
Address: 4475 N OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY W. HUME

AVP

04/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date