

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 435615

FILED
Apr 24, 2012
Secretary of State

Entity Name: ST. ANDREWS MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

4475 N. OCEAN BOULEVARD
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

4475 N. OCEAN BOULEVARD
DELRAY BEACH, FL 33483

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.
301 N. ATLANTIC DR.
LANTANA, FL 33462 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: PD
Name: BONE, BRUCE
Address: 4475 N. OCEAN BLVD. UNIT 45-C
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD
Name: BARLOW, WILLIAM
Address: 4475 N. OCEAN BLVD. UNIT 31-I
City-St-Zip: DELRAY BEACH, FL 33483

Title: S
Name: BURNS, MICHAEL
Address: 4475 N OCEAN BLVD. UNIT 1B
City-St-Zip: DELRAY BEACH, FL 33483

Title: T
Name: DEMBROSKI, GEORGE S
Address: 4475 N OCEAN BLVD. UNIT 207
City-St-Zip: DELRAY BEACH, FL 33483

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

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

SIGNATURE: GEOFFREY HUME

AVP

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date