

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90454 030 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

**66023425**



<b>DOCUMENT # N04000011507</b> 1. Entity Name <b>ST. ANDREWS COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>8625 S.W. 200TH CIRCLE          DUNNELLON, FL 34431-5324</b>			Mailing Address <b>8625 S.W. 200TH CIRCLE          DUNNELLON, FL 34431-5324</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>25-1919109</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BERTOCH, CARL A          7655 WEST GULF TO LAKE HIGHWAY          SUITE 13          CRYSTAL RIVER, FL 34429</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25          Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to          Florida Department of State</b>
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, J. TIMOTHY			NAME	
STREET ADDRESS	8625 S.W. 200TH CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL 344315324			CITY-ST-ZIP	
TITLE	SVD	<input type="checkbox"/> Delete		TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSANET, TONY			NAME	
STREET ADDRESS	8625 S.W. 200TH CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL 344315324			CITY-ST-ZIP	
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	SVD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRICH, DAWN			NAME	
STREET ADDRESS	8625 S.W. 200TH CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL 344315324			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<b>KYKER, MARTHA A.</b>
STREET ADDRESS				STREET ADDRESS	<b>8625 S.W. 200th CIRCLE</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>DUNNELLON, FL 34431</b>
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <b>Tony Massanet</b>				Date: <b>4/21/05</b>	
				Daytime Phone #: <b>(352) 489-9152</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					