


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011507	
1. Entity Name ST. ANDREWS COMMUNITY ASSOCIATION, INC.	

Principal Place of Business 8625 S.W. 200TH CIRCLE DUNNELLON, FL 34431-5324	Mailing Address 8625 S.W. 200TH CIRCLE DUNNELLON, FL 34431-5324
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04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1919109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERTOCH, CARL A 7655 WEST GULF TO LAKE HIGHWAY SUITE 13 CRYSTAL RIVER, FL 34429

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, J. TIMOTHY 8625 S.W. 200TH CIRCLE DUNNELLON, FL 344315324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MASSANET, TONY 8625 S.W. 200TH CIRCLE DUNNELLON, FL 344315324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HENRICH, DAWN 8625 S.W. 200TH CIRCLE DUNNELLON, FL 344315324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KYKER, MARTHA A 8625 SW 200TH CIRCLE DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000533023
05/06/06-80108-013 61.25

DO NOT WRITE IN THIS SPACE

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 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:  **Timothy Collins** Date: **4/21/06** Daytime Phone #: **(352) 489-2525**