## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 05, 2007 8:00 am Secretary of State

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DOCUMENT # N0400011507  1. Entity Name ST. ANDREWS COMMUNITY ASSOCIATION, INC.							02-05-200	7 90074 0	17 ****	61.25
8625 S.W. 2	ce of Business 200TH CIRCLE N, FL 34431	Ε	Mailing Address 8625 S.W. 200TH CIRCLE DUNNELLON, FL 34431-5324			Bril Brait abell bain Asi	11 ATIBI 11881 NY		BRS: 21 (83)	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112007	Chg-NP	CR2E03	7 (12/06)	
City & State			City & State			4. FEI Number Applied For 25-1919109 Not Applied be				
Zip	Zip Country		Zip	Country		5. Certificate of	I Status Desired		8.75 Add	ditional
	6. Name	and Address of Current	Registered Agent			7. Name and A	Address of New R	legistered A	gent	
BERTOCH, CARL A   7655 WEST GULF TO LAKE HIGHWAY   SUITE 13				Street	Address (	(P.O. Box Number is Not Acceptable)				
	. RIVER, FI	L 34429								
				City				FL	Zip Cod	le
	e named entity tions of registe		r the purpose of changing it	ts registered office	or registe	red agent, or both	, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE		or printed name of registered agent :	and title if applicable. (NC	TE: Registered Agent sign	alura requirei	d when reinstating)		DATE		
	Signature, typed	or printed name of registered agents e Is \$61.25 lay 1, 2007	9. Élection Ca	ote: Registered Agent sign ampaign Financing Contribution.	lature requires	d when reinstating) \$5.00 May Be Added to Fees	l l	DATE ake check ida Departi		
	Signature, typed	e ls \$61.25	9. Election Ca Trust Fund	ampaign Financing		\$5.00 May Be	Flor	ake check ida Departi	ment of S	tate
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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 redever 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 alternment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

Daytime Phone #