


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90030 008 \*\*\*\*61.25

<b>DOCUMENT # N04000011507</b>					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 25-1919109	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BERTOCH, CARL A 7655 WEST GULF TO LAKE HIGHWAY SUITE 13 CRYSTAL RIVER, FL 34429				Name <u>Gray, Andrew</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>8367 SW 197th Ct</u>	
				City <u>Dunnellon</u>	FL Zip Code <u>34432</u>
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 <u><i>Andrew D. Gray</i></u>				DATE <u>01/11/2008</u>	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, J. TIMOTHY 8625 S.W. 200TH CIRCLE DUNNELLON, FL 344315324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HENRICH, DAWN 8625 S.W. 200TH CIRCLE DUNNELLON, FL 344315324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KYKER, MARTHA A 8625 SW 200TH CIRCLE DUNNELLON, FL 34431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gray, Andrew 8367 SW 197th Ct Dunnellon, FL 34432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Reppenhagen, Gail 8375 SW 197th Ct Dunnellon, FL 34432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McWilliams, Jeanette 8367 SW 197th Ct Dunnellon, FL 34432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u><i>Dawn Henrich</i></u> Treasurer				DATE <u>1/8/08</u> 352-489-9152	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	