

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011507

FILED
Mar 06, 2009
Secretary of State

Entity Name: ST. ANDREWS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

8625 S.W. 200TH CIRCLE
DUNNELLO, FL 344315324

New Principal Place of Business:

Current Mailing Address:

8625 S.W. 200TH CIRCLE
DUNNELLO, FL 344315324

New Mailing Address:

PO BOX 99
DUNNELLO, FL 34430

FEI Number: 25-1919109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, ANDREW
8367 SW 197TH CT
DUNNELLO, FL 34432 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 () Delete
Name: COLLINS, J. TIMOTHY
Address: 8625 S.W. 200TH CIRCLE
City-St-Zip: DUNNELLO, FL 344315324

Title: TD () Delete
Name: HENRICH, DAWN
Address: 8625 S.W. 200TH CIRCLE
City-St-Zip: DUNNELLO, FL 344315324

Title: VD () Delete
Name: GRAY, ANDREW
Address: 8367 SW 197TH CT
City-St-Zip: DUNNELLO, FL 34432

Title: S () Delete
Name: REPPENHAGEN, GAIL
Address: 8375 SW 197TH CT
City-St-Zip: DUNNELLO, FL 34432

Title: T () Delete
Name: MCWILLIAMS, JEANETTE
Address: 8367 SW 197TH CT
City-St-Zip: DUNNELLO, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: COLLINS, J. TIMOTHY
Address: 8625 S.W. 200TH CIRCLE
City-St-Zip: DUNNELLO, FL 344315324

Title: D (X) Change () Addition
Name: REPPENHAGEN, ALLEN
Address: 8375 SW 197TH CT
City-St-Zip: DUNNELLO, FL 34432

Title: PD (X) Change () Addition
Name: GRAY, ANDREW
Address: 8367 SW 197TH CT
City-St-Zip: DUNNELLO, FL 34432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JT COLLINS

Electronic Signature of Signing Officer or Director

V

03/06/2009

Date