

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003326

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** ST. ANDREWS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 SOUTH AUSTRALIAN AVENUE STE 120  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH AUSTRALIAN AVENUE STE 120  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 56-2582795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHODES, PAUL  
500 SOUTH AUSTRALIAN AVENUE STE 120  
WEST PALM BEACH, FL 33401 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: DP  
Name: RHODES, PAUL  
Address: 500 SOUTH AUSTRALIAN AVENUE STE 120  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS  
Name: LARSON, SALLY  
Address: 500 SOUTH AUSTRALIAN AVENUE STE 120  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D  
Name: ESCAMILLA, ALICIA  
Address: 500 SOUTH AUSTRALIAN AVENUE STE 120  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: PAUL RHODES

DP

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date