


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N35410**  
 1. Entity Name  
**ST. ANDREWS GLEN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 7500 ST. ANDREWS ROAD LAKE WORTH, FL 33467	Mailing Address 7500 ST. ANDREWS ROAD LAKE WORTH, FL 33467
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0167585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROCHE, BRIAN**  
 7641 MACKENZIE COURT #312  
 LAKE WORTH, FL 33467

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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	P ROCHE, BRIAN 7641 MACKENZIE COURT, #312 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRAMER, BOB 7661 MACKENZIE CT. #422 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, JAKE 7601 MACKENZIE COURT, #113 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FYFE, JOHN 7661 MACKENZIE CT. #412 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JURIST, NATHAN 7601 MACKENZIE COURT, #114 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/04/04-80038-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: x** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/21/04 **Date** Daytime Phone #