

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

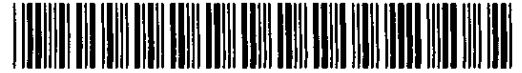
04-05-2001 90449 020 ****61.25

DOCUMENT # N94000002733

1. Entity Name

ST. ANDREWS PARK PLACE CONDOMINIUM ASSOCIATION,

00031931



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4421 THOMAS DRIVE PANAMA CITY BEACH FL 32407	Mailing Address 4421 THOMAS DRIVE PANAMA CITY BEACH FL 32407
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip 32408	Country	Zip 32408	Country

4. FEI Number 62-1845930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALUGEN, JOE T
 4421 THOMAS DRIVE
 PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name
Mr. Tim Sloan

Street Address (P.O. Box Number is Not Acceptable)
427 McKenzie Avenue

City
Panama City FL **32407**

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.

SIGNATURE *Timothy J. Sloan* **Timothy J. Sloan** DATE **3/9/01**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARSONS, DAVID W 9 TWIN OAKS LANE DOTHAN AL 36303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALUGEN, JOE T 4421 THOMAS DR., #1001 PANAMA CITY BEACH FL 32407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELACROIX, SUSAN 104 RICK BRIDGE ROAD DOTHAN AL 36303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Daniels, Don E 4421 Thomas Drive Unit 1002 Panama City Beach, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Everett, Ken 554 Oppert Road Dothan, AL 36301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Winstanley, Carlie 3 Poydras Street #10B New Orleans, LA 70130-1665	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shertzer, Jamie 25 Harrington Lane Dothan, AL 36305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McMaster, Jay 655 McDonough Road Hampton, GA 30228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Don E Daniels* **Don E Daniels** DATE **1/3/01** DAYTIME PHONE # **850-233-1957**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

001114

CR2E037 (10/00)