

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002733

1. Entity Name

ST. ANDREWS PARK PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4421 THOMAS DRIVE
PANAMA CITY FL 32408

Mailing Address

4421 THOMAS DRIVE
PANAMA CITY FL 32408

91786



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 62-1845930

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOAN, TIM
427 MCKENZIE AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name Becken & Poliakoff, P.A.
Street Address (P.O. Box Number is Not Acceptable) 248 MIRACLE STRIP PKWY SW
SUITE 7
City FT. WALTON BEACH FL Zip Code 32548

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.

By: *Raymond F. Newman, Jr.* SIGNATURE
Becken & Poliakoff, P.A.
RAYMOND F. NEWMAN, JR. DATE 6-4-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANIELS, DON E	
STREET ADDRESS	4421 THOMAS DRIVE UNIT 1002	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EVERETT, KEN	
STREET ADDRESS	554 OPPERT ROAD	
CITY-ST-ZIP	DOTHAN AL 36301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WINSTANLEY, CARLIE	
STREET ADDRESS	3 POYDRAS STREET #10B	
CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHERTZER, JAMIE	
STREET ADDRESS	25 HARRINGTON LANE	
CITY-ST-ZIP	DOTHAN AL 36305	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAMASTER, JAY	
STREET ADDRESS	655 MCDONOUGH ROAD	
CITY-ST-ZIP	HAMPTON GA 30228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4421 Thomas Dr Unit 1002	
CITY-ST-ZIP	Panama City Beach FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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:

Raymond F. Newman, Jr.

3/1/02

851-233-1957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Declare Phone #

CR2E037 (9/01)