


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90031 005 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1845930	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, PA 248 MIRACLE STRIP PKWY SW STE 7 FORT WALTON BEACH, FL 32548				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANIELS, DON E		NAME		
STREET ADDRESS	4421 THOMAS DRIVE UNIT 1002		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVERETT, KEN		NAME		
STREET ADDRESS	554 OPPERT ROAD		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL 36301		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERTZER, MARK		NAME		
STREET ADDRESS	25 HARRINGTON LANE		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL 36305		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLOWAY, JOHN		NAME		
STREET ADDRESS	109 SANDY SPRINGS ROAD		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL 36303		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITEHEAD, BERRY		NAME	Carlie Winstanley	
STREET ADDRESS	166 ROBERT ELEE WAY		STREET ADDRESS	4421 Thomas Drive Unit 702	
CITY-ST-ZIP	EUFAULA, AL 36027		CITY-ST-ZIP	Panama City Beach FL 32408	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: <i>Don E Daniels</i>		Don E Daniels		1/6/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				832-233-1957	
				<small>Daytime Phone #</small>	