

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90020 038 ****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**

00001163



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-NP CR2E037 (10/03)

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

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

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

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$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 ☐ Delete
NAME DANIELS, DON E
STREET ADDRESS 4421 THOMAS DRIVE UNIT 1002
CITY-ST-ZIP PANAMA CITY, FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME EVERETT, KEN
STREET ADDRESS 554 OPPERT ROAD
CITY-ST-ZIP DOTHAN, AL 36301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SHERTZER, MARK
STREET ADDRESS 25 HARRINGTON LANE
CITY-ST-ZIP DOTHAN, AL 36305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HOLLOWAY, JOHN
STREET ADDRESS 109 SANDY SPRINGS ROAD
CITY-ST-ZIP DOTHAN, AL 36303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WINSHAVLEY, CARLIE
STREET ADDRESS 4421 THOMAS DR UNIT 702
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE ☐ Change ☒ Addition
NAME **Debbie Asarell**
STREET ADDRESS **4421 Thomas Drive Unit 201**
CITY-ST-ZIP **PCB, FL 32408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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

1/4/05

Daytime Phone #

850-624-1932