


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90091 023 \*\*\*\*61.25

<b>DOCUMENT # N94000002733</b>					
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		
			4. FEI Number 62-1845930		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	ED	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVERETT, KEN		NAME	D	
STREET ADDRESS	554 OPPERT ROAD		STREET ADDRESS		
CITY- ST- ZIP	DOTHAN, AL 36301		CITY- ST- ZIP		
TITLE	SD	<input checked="" 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	RTS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRELL, DEBBIE		NAME		
STREET ADDRESS	4421 THOMAS DRIVE UNIT 201		STREET ADDRESS		
CITY- ST- ZIP	PANAMA CITY BEACH, FL 32408		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	D	
STREET ADDRESS			STREET ADDRESS	Rap Peavy	
CITY- ST- ZIP			CITY- ST- ZIP	4421 THOMAS DR Unit 902	
				PANAMA CITY BEACH FL 32408	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>		Date: <i>3/2/06</i>		Daytime Phone #: <i>850-624-1932</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					