


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90354 043 ****61.25

DOCUMENT # N98000002408

1. Entity Name
ST. ANDREW'S SOCIETY OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**264 SILVERADO DRIVE
 NAPLES, FL 34119 US**

Mailing Address
**C/O RICHARD MELICK
 264 SILVERADO DRIVE
 NAPLES, FL 34119 US**

900463



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3564206

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MELICK, RICHARD
 264 SILVERADO DRIVE
 NAPLES, FL 34119**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MACILVAINE, WILLIAM R	
STREET ADDRESS	522 PINE GROVE LANE	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, THOMAS	
STREET ADDRESS	234 HAYDON CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, GEBBIE M	
STREET ADDRESS	7936 GRAND BAY DRIVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, NINA	
STREET ADDRESS	3300 BINNACLE DRIVE #210	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGEE, DONALD	
STREET ADDRESS	346 HAWSER LANE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PREWITT, SYLVIA	
STREET ADDRESS	719 TEAL COURT	
CITY-ST-ZIP	NAPLES, FL 34108	

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P RICHARD MELICK	
STREET ADDRESS	264 Silverado Dr.	
CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T William Ramsay	
STREET ADDRESS	161 Amblewood Lane	
CITY-ST-ZIP	Naples, FL 34105	

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: Richard Melick **3/31/06** **239 455 4358**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #