


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90029 012 ****61.25

DOCUMENT # N98000002408					
1. Entity Name ST. ANDREWS 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		
2. Principal Place of Business - No P.O. Box # 346 HAWSER LANE		3. Mailing Address % DONALD MCGEE 346 HAWSER LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 59-3564206	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 34102	Country COLLIER	Zip 34102	Country COLLIER	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 DONALD MCGEE		
			Street Address (P.O. Box Number is Not Acceptable) 346 HAWSER LANE		
			City NAPLES FL Zip Code 34102		
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 DR. DONALD H. MCGEE		Signature, typed or printed name of registered agent and title if applicable.		Registered Agent Signature (required when reinstating) Donald H. Melick	
				DATE 4/1/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, JOHN A JR		NAME		
STREET ADDRESS	3290 RIVER PARK CT		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARKE, THOMAS		NAME	David J. Webster	
STREET ADDRESS	234 HAYDON CIRCLE		STREET ADDRESS	1101 Kings way	V.P.
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples, FL 34104	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUMGARTNER, DONAVIN		NAME		
STREET ADDRESS	506 WEDGEWOOD WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MELICK, RICHARD		NAME	Carol Stuart	
STREET ADDRESS	264 SILVERADO DR		STREET ADDRESS	6500 Valen Way #403	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34108	
TITLE	P President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGEE, DONALD		NAME		
STREET ADDRESS	346 HAWSER LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMSAY, WILLIAM		NAME	George Metcalf III	
STREET ADDRESS	161 AMBLE WOOD LANE		STREET ADDRESS	2430 Abbingham Cir #C-34	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	Naples, FL 34108	
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>George Metcalf III</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/27/08	
		GEORGE METCALF III		239-594-2902	
				Daytime Phone #	