

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011507

**Entity Name:** ST. ANDREWS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

8367 SW 197TH CT  
DUNNELLON, FL 34431

**Current Mailing Address:**

PO BOX 3  
LOWELL, FL 32663

**FEI Number:** 25-1919109

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAY, ANDREW  
8367 SW 197TH CT  
DUNNELLON, FL 34432 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            VD  
Name            LONG, HOWARD  
Address        8359 SW 197TH CT  
City-State-Zip: DUNNELLON FL 34432

Title            PD  
Name            GRAY, ANDREW  
Address        8367 SW 197TH CT  
City-State-Zip: DUNNELLON FL 34432

Title            S  
Name            REPPENHAGEN, GAIL  
Address        8375 SW 197TH CT  
City-State-Zip: DUNNELLON FL 34432

Title            T  
Name            MCWILLIAMS, JEANETTE  
Address        8367 SW 197TH CT  
City-State-Zip: DUNNELLON FL 34432

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW GRAY

P

04/02/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date