

**2019 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 COLLINS, J. TIMOTHY  
Address 9718 SW 188TH TERR  
City-State-Zip: DUNNELLON FL 34432

Title D  
Name REPPENHAGEN, ALAN  
Address 8375 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**

**04/26/2019**

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

\_\_\_\_\_  
Date