

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003326

Entity Name: ST. ANDREWS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 19, 2018
Secretary of State
CC4149160185

Current Principal Place of Business:

C/O PINNACLE ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE , FL 34986

Current Mailing Address:

C/O PINNACLE ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE , FL 34986 US

FEI Number: 56-2582795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOGAN, GAIL
C/O PINNACLE ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE , FL 34986 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: GAIL LOGAN

04/19/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARKOFSKY, STANLEY
Address C/O PINNACLE ASSOCIATION MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title VP
Name MARKOFSKY, JARROD
Address C/O PINNACLE ASSOCIATION MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER
Name REYES, ROBERT
Address C/O PINNACLE ASSOCIATION MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

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: STANLEY MARKOFSKY

PRESIDENT

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date