2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# 715781

Entity Name: THE ROYAL ST. ANDREW ASSOCIATION, INC.

Current Principal Place of Business:

555 S GULFSTREAM AVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

555 S GULFSTREAM AVE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1286979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLARATHEN, CHAD M ESQ
1820 RINGLING BVLD
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LAWRENCE, DOROTHY
Address: 555 S GULFSTREAM #1202
City-St-Zip: SARASOTA, FL 34236

Title: SD ( ) Delete
Name: KAHN, LESLIE
Address: 555 S GULFSTREAM AVE 1401
City-St-Zip: SARASOTA, FL 34236

Title: VPD ( ) Delete
Name: JOHNSON, RICHARD
Address: 555 S GULFSTREAM #401/402
City-St-Zip: SARASOTA, FL 34236

Title: TD ( ) Delete
Name: STEWART, DOUGLAS
Address: 555 S GULFSTREAM #703
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: JOHNSON, RICHARD
Address: 555 S GULFSTREAM #401/402
City-St-Zip: SARASOTA, FL 34236

Title: TD (X) Change ( ) Addition
Name: STUART, DOUGLAS
Address: 555 S GULFSTREAM #703
City-St-Zip: SARASOTA, FL 34236

Title: VPD ( ) Change (X) Addition
Name: LENNOX, SERENA
Address: 555 S GULFSTREAM#302
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SERENA LENNOX VPD 02/18/2009

Electronic Signature of Signing Officer or Director — Date