
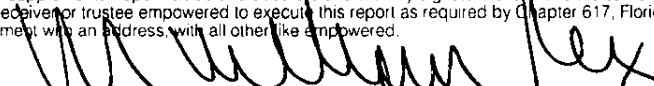


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90127 007 \*\*\*\*61.25

<b>DOCUMENT # 723480</b> 1. Entity Name <b>ST. ARMANDS ASSOCIATION, INCORPORATED</b>					
Principal Place of Business <b>19 NO. BLVD. OF PRESIDENTS SUITE 419 SARASOTA, FL 34236 US</b>			Mailing Address <b>19 NO. BLVD. OF PRESIDENTS SUITE 419 SARASOTA, FL 34236 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1722682</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>WILLIAM, REX 419 NO WASHINGTON DRIVE SARASOTA, FL 34236</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <b>REX, WILLIAM</b> <b>419 NO WASHINGTON DRIVE</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<del>PD</del> <b>CHEPOTE, MANUEL</b> <b>358 S. WASHINGTON DR</b> <b>SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARLENE LANCASTER</b> <b>47 SO. WASHINGTON DR</b> <b>SARASOTA FL 34236</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VPD</b> <b>LOSEY, MICHAEL</b> <b>84 N. WASHINGTON DR</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<del>SD</del> <b>ANDERSON, REBECCA</b> <b>417 S. WASHINGTON DR</b> <b>SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JAN M. HAYNES</b> <b>300 MONROE DR</b> <b>SARASOTA FL 34236</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>GRACE, JIM</b> <b>528 JACKSON DRIVE</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>TD</b> <b>FRY, DAROL</b> <b>178 N WASHINGTON DR</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<del>VPD</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			Date <b>3-24-07</b> Daytime Phone # <b>941-350-5253</b>		