
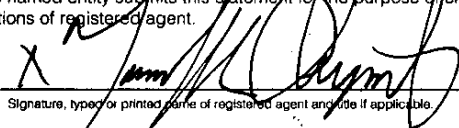
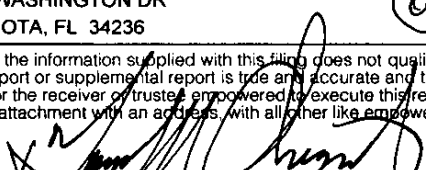


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90034 015 \*\*\*\*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 # Suite, Apt. #, etc. <span style="float: right;">(OK)</span>		3. Mailing Address Suite, Apt. #, etc. <span style="float: right;">(OK)</span>			
City & State		City & State		4. FEI Number <b>59-1722682</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAM, REX 419 NO WASHINGTON DRIVE SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name <b>MANUEL CHEPOTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>358 SO WASHINGTON DR</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>	
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  <b>MANUEL CHEPOTE</b> DATE <b>3/4/08</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	PD REX, WILLIAM 419 NO WASHINGTON DRIVE SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REX, WILLIAM (Same) TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANCASTER, MARLENE 47 SO. WASHINGTON DR SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANUEL CHEPOTE 358 SO WASHINGTON DR SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- - - LOSEY, MICHAEL 84 N. WASHINGTON DR SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EARL SCOTT 14 N. ADAMS DRIVE SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYNES, JAN M 300 MONROE DR SARASOTA, FL 34236	<input type="checkbox"/> Delete <span style="float: right;">(OK)</span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRACE, JIM 528 JACKSON DRIVE SARASOTA, FL 34236	<input type="checkbox"/> Delete <span style="float: right;">(OK)</span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRY, DAROL 178 N WASHINGTON DR SARASOTA, FL 34236	<input type="checkbox"/> Delete <span style="float: right;">(OK)</span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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.					
SIGNATURE:  <b>MANUEL CHEPOTE</b> DATE <b>3/4/08</b> <b>941-388 2528</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					