

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724920

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE ST ANDREWS OCEAN CONDOMINIUM INC.

Current Principal Place of Business:

4475 NORTH OCEAN BLVD
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

4475 NORTH OCEAN BLVD
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-1509508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENNYSON, ROD P.A.
1450 CENTREPARK BLVD.
SUITE 100
WEST PALM BEACH, FL 33401 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: SD () Delete
Name: PECK, RANKIN P
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL

Title: TD () Delete
Name: BONGARD, GORDON
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP () Delete
Name: CARROLL, JOHN M
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD () Delete
Name: BURNS, MICHAEL
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: AVP () Delete
Name: HUME, GEOFFREY W
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GEOFFREY W. HUME

AVP

04/16/2009

Electronic Signature of Signing Officer or Director

Date