

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90072 022 \*\*\*\*70.00

<b>DOCUMENT # 737735</b> 1. Entity Name <b>ST. ANDREWS COVE I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O COMMUNITY ACCOUNTING &amp; MANAGEMENT</b> <b>40347 US 19N, SUITE 129</b> <b>TARPON SPRINGS, FL 34689 US</b>			Mailing Address <b>C/O COMMUNITY ACCOUNTING &amp; MANAGEMENT</b> <b>40347 US 19N, SUITE 129</b> <b>TARPON SPRINGS, FL 34689 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1724369</b>	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SPOONSTER, JANET K</b> <b>C/O COMMUNITY ACCOUNTING &amp; MANAGEMENT</b> <b>40347 U.S. 19 N STE. 129</b> <b>TARPON SPRINGS, FL 34689</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WRIGHT, THOMAS</b>		NAME		
STREET ADDRESS	<b>601 A KEENE RD N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 33755</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WRIGHT, BONNIE</b>		NAME		
STREET ADDRESS	<b>601 A KEENE RD N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 33755</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MADDY, KATHY</b>		NAME		
STREET ADDRESS	<b>627 D KEENE RD N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 33755</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VAN HOOK RICE, DEBRA</b>		NAME		
STREET ADDRESS	<b>609 S. CREST AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 33756</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENRY, RAYMOND</b>		NAME		
STREET ADDRESS	<b>605 KEENE RD N 605C</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 32755</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Bonnie S. Wright</i> BONNIE S. WRIGHT Treasurer 4/13/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		