


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90011 043 ****70.00

DOCUMENT # 737735		
1. Entity Name ST. ANDREWS COVE I CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business C/O COMMUNITY ACCOUNTING & MANAGEMENT 40347 US 19N, SUITE 129 TARPON SPRINGS, FL 34689 US	Mailing Address C/O COMMUNITY ACCOUNTING & MANAGEMENT 40347 US 19N, SUITE 129 TARPON SPRINGS, FL 34689 US
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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

40040032



03082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1724369	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPOONSTER, JANET K C/O COMMUNITY ACCOUNTING & MANAGEMENT 40347 U.S. 19 N STE. 129 TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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	WRIGHT, THOMAS			NAME			
STREET ADDRESS	601 A KEENE RD N			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33755			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, BONNIE			NAME			
STREET ADDRESS	601 A KEENE RD N			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33755			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN HOOK RICE, DEBRA			NAME			
STREET ADDRESS	609 S. CREST AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33756			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, RAYMOND			NAME	HEPNER, BEVERLY		
STREET ADDRESS	605 KEENE RD N 605C			STREET ADDRESS	1937 N. HIGHLAND AVE		
CITY-ST-ZIP	CLEARWATER, FL 32755			CITY-ST-ZIP	CLEARWATER, FL 33755		
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			
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 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: <i>Bonnie Wright</i>	21 March 07	727-445-9478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone