2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 737735

Entity Name: ST. ANDREWS COVE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O COMMUNITY ACCOUNTING & MANAGEMENT
40347 US 19N, SUITE 129
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

C/O COMMUNITY ACCOUNTING & MANAGEMENT
40347 US 19N, SUITE 129
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-1724369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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 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: PD ( ) Delete
Name: WRIGHT, THOMAS
Address: 601 A KEENE RD N
City-St-Zip: CLEARWATER, FL 33755

Title: TD ( ) Delete
Name: WRIGHT, BONNIE
Address: 601 A KEENE RD N
City-St-Zip: CLEARWATER, FL 33755

Title: SD ( ) Delete
Name: VAN HOOK RICE, DEBRA
Address: 609 S. CREST AVE
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete
Name: HEPNER, BEVERLY
Address: 1937 N HIGHLAND AVE
City-St-Zip: CLEARWATER, FL 32755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KRIESLER, LORI
Address: 2735 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33758

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

Title: SD (X) Change ( ) Addition
Name: HALL, AMY
Address: 643 KEENE RD N #D
City-St-Zip: CLEARWATER, FL 33755

Title: DVP (X) Change ( ) Addition
Name: MADDY, KATHLEEN
Address: 627 KEENE RD N #D
City-St-Zip: CLEARWATER, FL 32755

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: JANET K SPOONSTER AGT 04/22/2009

Electronic Signature of Signing Officer or Director — Date