

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737735

FILED
Apr 20, 2010
Secretary of State

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:

ASSOCIATION ACCOUNTING & MANAGEMENT
40347 US 19N, SUITE 129
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

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

New Mailing Address:

ASSOCIATION ACCOUNTING & MANAGEMENT
40347 US 19N, SUITE 129
TARPON SPRINGS, FL 34689 US

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:

STAFFORD, BRUCE R
ASSOCIATION ACCOUNTING & MANAGEMENT
40347 U.S. 19 N STE. 129
TARPON SPRINGS, FL 34689 US

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: BRUCE R. STAFFORD

04/20/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KRIESLER, LORI
Address: 2735 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33758

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

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

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

Title: D
Name: SUGG, ELIZABETH
Address: 627 KEENE RD N # 645A
City-St-Zip: CLEARWATER, FL 32755

I hereby 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 all other like empowered.

SIGNATURE: BRUCE R. STAFFORD

LCAM

04/20/2010

Electronic Signature of Signing Officer or Director

Date