

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739229

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** ST. ANDREWS COVE II CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

4585 140TH AVENUE N  
SUITE 1012  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

4585 140TH AVENUE N  
SUITE 1012  
CLEARWATER, FL 33762 US

**New Mailing Address:**

4585 140TH AVENUE N  
SUITE 1012  
CLEARWATER, FL 33762 US

**FEI Number:** 59-1875353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVENUE N  
SUITE 1012  
CLEARWATER, FL 33762 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: D  
Name: WEAVER, JOANN  
Address: 887B KEENE RD N  
City-St-Zip: CLEARWATER, FL 33755

Title: PD  
Name: REINHARD, TED  
Address: 837A KEENE RD N  
City-St-Zip: CLEARWATER, FL 33755

Title: S  
Name: WHITE, JOHN  
Address: 821B KEENE ROAD N  
City-St-Zip: CLEARWATER, FL 33755

Title: VP  
Name: GRANT, STEVE  
Address: 837A KEENE RD N  
City-St-Zip: CLEARWATER, FL 33755

Title: T  
Name: MARSH, SHEILA  
Address: 853-B KEENE RD N  
City-St-Zip: CLEARWATER, FL 33755

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: TED REINHARD

PD

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date