

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90323 007 ****61.25

DOCUMENT # 759493 1. Entity Name ST. ANDREWS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 100 CLUBHOUSE CIRCLE NEW SMYRNA BEACH, FL 32168 US				Mailing Address 507C HERBERT ST. PORT ORANGE, FL 32129 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1056174	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REIMER, R.L. 507C HERBERT ST. PORT ORANGE, FL 32129				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
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	ELY, RALPH		NAME		
STREET ADDRESS	604 ST ANDREWS BLVD		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLENEX, JOHN		NAME		
STREET ADDRESS	652 ST ANDREWS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSON, RANDY		NAME		
STREET ADDRESS	612 ST ANDREWS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTIN, DREW		NAME	Lehman Robert	
STREET ADDRESS	696 ST ANDREWS CIRCLE		STREET ADDRESS	644 Kilmarnock Ct.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, JUDITH		NAME	Chappel, Edmond	
STREET ADDRESS	668 INVERNESS CT		STREET ADDRESS	650 Kilmarnock St.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
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: RALPH G. ELY					
<div style="display: flex; justify-content: space-between;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 4/10/08 <small>Date</small> 386-423-6250 <small>Daytime Phone #</small> </div>					