

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759493

FILED
Apr 17, 2009
Secretary of State

Entity Name: ST. ANDREWS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

100 CLUBHOUSE CIRCLE
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

507C HERBERT ST.
PORT ORANGE, FL 32129 US

New Mailing Address:

C/O ATLANTIC COMM ASSOC MGMT & ACCTNG INC
507-C HERBERT STREET
PORT ORANGE, FL 32129 US

FEI Number: 06-1056174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIMER, R.L.
507C HERBERT ST.
PORT ORANGE, FL 32129 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: ELY, RALPH
Address: 604 ST ANDREWS BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPD () Delete
Name: MULLENEX, JOHN
Address: 652 ST ANDREWS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: HANSON, RANDY
Address: 612 ST ANDREWS CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD () Delete
Name: LEHMAN, ROBERT
Address: 644 KILMARNOCK CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD () Delete
Name: CHAPPEL, EDMOND
Address: 650 KILMARNOCK CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: RALPH ELY

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date