

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763099 (9)

1. Corporation Name

VILLAS OF ST. ANDREWS PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1950 BLUEWATER BLVD. P.O. BOX 247 NICEVILLE FL 32580-6901	1950 BLUEWATER BLVD. P.O. BOX 247 NICEVILLE FL 32580-6901

3. Date Incorporated or Qualified 05/04/1982	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2397772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <u>1950 Bluewater Blvd.</u>	26 <u>1950 Bluewater Blvd.</u>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <u>Niceville, FL</u>	28 City & State <u>Niceville, FL</u>
24 Zip <u>32578</u>	25 Country <u>Okaloosa</u>
29 Zip <u>32578</u>	30 Country <u>Okaloosa</u>

9. Name and Address of Current Registered Agent

**RAHMES, GORDON
24 BALMORAL DRIVE
NICEVILLE, FL
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURE: Sandra B. Myrland DATE: 4/27/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAHMES, GORDON
STREET ADDRESS	24 BALMORAL DRIVE
CITY - ST - ZIP	NICEVILLE FL
TITLE	STD
NAME	MATTIFORD, C. R.
STREET ADDRESS	23 BALMORAL DRIVE
CITY - ST - ZIP	NICEVILLE FL
TITLE	VD
NAME	PAWBANKS, DOUG
STREET ADDRESS	10000 W. PALM DR
CITY - ST - ZIP	NICEVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VD Harvey, Bernard
33 STREET ADDRESS	20 Balmoral Drive
34 CITY - ST - ZIP	Niceville, FL 32578
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: Sandra B. Myrland DATE: 4/27/95