

FILE NOW: FILING FEE IS \$61.25

FILED

**May 15 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763099 (9)
1. Corporation Name
**VILLAS OF ST. ANDREWS PROPERTY OWNERS ASSOCIATIO
N, INC.**



Principal Place of Business 1950 BLUEWATER BLVD. NICEVILLE FL 32578 US	Mailing Address 1950 BLUEWATER BLVD. NICEVILLE FL 32578-9879 US
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3. Date Incorporated or Qualified 05/04/1982	3a. Date of Last Report 06/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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4. FEI Number 59-2397772	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RAHMES, GORDON
27 BALMORAL DRIVE
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent

81 Name Rahmes, Gordon
82 Street Address (P.O. Box Number is Not Acceptable) 24 Balmoral Drive
83
84 City Niceville
85 Zip Code FL 32578

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAHMES, GORDON	
STREET ADDRESS	27 BALMORAL DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MATTIFORD, C. R.	
STREET ADDRESS	23 MALMORAL DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	NIVENS, RICHARD	
STREET ADDRESS	04 BALMORAL DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rahmes, Gordon	
1.3 STREET ADDRESS	24 Balmoral Drive	
1.4 CITY-ST-ZIP	Niceville, FL 32578	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Caldwell, Bettye	
4.3 STREET ADDRESS	22 Balmoral Drive	
4.4 CITY-ST-ZIP	Niceville, FL 32578	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hagood, Nancy	
5.3 STREET ADDRESS	6 Balmoral Drive	
5.4 CITY-ST-ZIP	Niceville, FL 32578	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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 an address.

SIGNATURE: _____ DATE: **4-23-97**

CP2E037 (9/96)