

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

0019590

05-15-2001 90077 029 \*\*\*\*61.25

**DOCUMENT # 763099**

1. Entity Name

**VILLAS OF ST. ANDREWS PROPERTY OWNERS ASSOCIATIO**

Principal Place of Business

1950 BLUEWATER BLVD.  
 NICEVILLE FL 32578  
 US

Mailing Address

1950 BLUEWATER BLVD.  
 NICEVILLE FL 32578  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2397772**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RAHMES, GORDON	24 BALMORAL DRIVE	NICEVILLE FL	<input type="checkbox"/>
TD	NIVENS, RICHARD	4 BALMAORAL DR	NICEVILLE FL 32578	<input checked="" type="checkbox"/>
VD	MILLER, MARK	827 WEEDEN ISLAND DR	NICEVILLE FL 32578	<input checked="" type="checkbox"/>
SD	HAGOOD, NANCY	6 BALMORAL DRIVE	NICEVILLE FL	<input checked="" type="checkbox"/>
D	CHRISTINSEN, SHIRLEY	27 BALMORAL DR	NICEVILLE FL 32578	<input type="checkbox"/>
D	SEFFENS, BRENDA	ONE BALMORAL DR	NICEVILLE FL 32578	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	BOB DE ANGELIS	23 BALMORAL DR	NICEVILLE, FL. 32578	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PAT BOAB	16 BALMORAL DR.	NICEVILLE, FL 32578	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	FRED KENNEDY	6 BALMORAL DR.	NICEVILLE, FL. 32578	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 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:

**SIGNATURE REQUIRED**

*Paul J. Kennedy*

CR2E037 (10/00)