

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90212 012 ****61.25

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04162004 Chg-NP CR2E037 (10/03)

DOCUMENT # 763099					
1. Entity Name VILLAS OF ST. ANDREWS PROPERTY OWNERS ASSOCIATION, INC.					
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 <i>1950 Bluewater Blvd</i>		3. Mailing Address <i>1950 Bluewater Blvd</i>			
Suite, Apt. #, etc. <i>Suite 200</i>		Suite, Apt. #, etc. <i>Suite 200</i>			
City & State <i>Niceville, FL</i>		City & State <i>Niceville FL</i>		4. FEI Number 59-2397772	
Zip <i>32578</i>		Country <i>U.S.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAHMES, GORDON 24 BALMORAL DRIVE NICEVILLE, FL 32578			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <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, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAHMES, GORDON 24 BALMORAL DRIVE NICEVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEANGELIS, BOB 23 BALMORAL DRIVE NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VO Deangelis, Bob 23 Balmoral Drive Niceville, FL 32578</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOAB, PAT 16 BALMORAL DRIVE NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VO Datto, Annette Datto 28 Balmoral Drive Niceville, FL 32578</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNEDY, FRED 6 BALMORAL DRIVE NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSZALK, GRETCHEN 2 BALMORAL DRIVE NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Jordan R. Calvey</i> 4/23/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					