


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 763099

1. Entity Name
VILLAS OF ST. ANDREWS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

1950 BLUEWATER BLVD. 1950 BLUEWATER BLVD.
 SUITE 200 SUITE 200
 NICEVILLE, FL 32578 US NICEVILLE, FL 32578 US



04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2397772 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAHMES, GORDON
24 BALMORAL DRIVE
NICEVILLE, FL 32578

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD RAHMES, GORDON 24 BALMORAL DRIVE NICEVILLE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD DEANGELIS, BOB 23 BALMORAL DRIVE NICEVILLE, FL 32578 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DATKO, ANNETTE D 28 BALMORAL DRIVE NICEVILLE, FL 32578 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T KENNEDY, FRED 6 BALMORAL DRIVE NICEVILLE, FL 32578 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S MARSZALK, GRETCHEN 2 BALMORAL DRIVE NICEVILLE, FL 32578 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 04/29/05-80108-025 61.25

DO NOT WRITE IN THIS SPACE

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: [Signature] 4/26/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date