


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 763099					
1. Entity Name VILLAS OF ST. ANDREWS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1940 BLUEWATER BLVD. #11 NICEVILLE, FL 32578 US			Mailing Address 1940 BLUEWATER BLVD. #11 NICEVILLE, FL 32578 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2397772	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. 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, 2008		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAHMES, GORDON	NAME			
STREET ADDRESS	24 BALMORAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE, FL	CITY-ST-ZIP	000000947183 06/02/08-80004-008 61.25		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEANGELIS, BOB	NAME			
STREET ADDRESS	23 BALMORAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHRISTIANGON, SHIRLEY	NAME			
STREET ADDRESS	27 BALMORAL DR.	STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENNEDY, FRED	NAME			
STREET ADDRESS	6 BALMORAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARSZALK, GRETCHEN	NAME			
STREET ADDRESS	2 BALMORAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Gordon Rahmes</u> By <u>Annabel Alexander</u> 897-1443 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					