

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763099

FILED  
Apr 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1940 BLUEWATER BLVD.  
#11  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

1940 BLUEWATER BLVD.  
#11  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 59-2397772      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAHMES, GORDON  
24 BALMORAL DRIVE  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAHMES, GORDON  
Address: 24 BALMORAL DRIVE  
City-St-Zip: NICEVILLE, FL

Title: VD ( ) Delete  
Name: DEANGELIS, BOB  
Address: 23 BALMORAL DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: CHRISTIANGON, SHIRLEY  
Address: 27 BALMORAL DR.  
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete  
Name: KENNEDY, FRED  
Address: 6 BALMORAL DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete  
Name: MARSZALK, GRETCHEN  
Address: 2 BALMORAL DRIVE  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON RAHMES

PD

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date