


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90350 014 ****61.25

DOCUMENT # 765652 1. Entity Name ST. ANDREW'S ESTATES ASSOCIATION, INC.					
Principal Place of Business 412 STONEHAM DR. SUN CITY CENTER, FL 33573			Mailing Address 412 STONEHAM DR. SUN CITY CENTER, FL 33573		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRADY, ROBERT A 301 THORNHILL PLACE 412 STONEHAM DR. SUN CITY CENTER, FL 33573			Name ROBERT A. SCOBLE Street Address (P.O. Box Number is Not Acceptable) 412 STONEHAM DR City S.C.C. State FL Zip Code 33573		
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 <i>Robert A. Scoble</i> TREASURER 4-16-04 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	P BRINZEA, NICK 414 STONEHAM DR. SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL SAVAGE 410 BROCKFIELD DR. S. SCC, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERMANN, LEONARD 210 STONEHAM DR. SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIANNA WILLIAMS 410 BROCKFIELD DR. S. SCC, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOBLE, ROBERT A 412 STONEHAM DR. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRACIK, STEVE 300 THORNHILL PL. SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHUCK REEVE 415 SMITH FIELD LN SCC, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWER, ROGER 314 STONEHAM DRIVE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARI REEVE 415 SMITH FIELD LN SCC, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINZIE, DONALD 320 STONEHAM DR. SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN MCREE 206 GREYSON CT. SCC, FL 33573	
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: <i>Robert A. Scoble</i> TREASURER 4-16-04 813 633 9413 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					