## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#765652** 

FILED Mar 15, 2006 Secretary of State

Entity Name: ST. ANDREW'S ESTATES ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 412 STONEHAM DR 410 BROCKFIELD DR S SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 **Current Mailing Address: New Mailing Address:** 412 STONEHAM DR 219 AMESBURY CIRCLE SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 FEI Number: 59-2232739 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOBLE, ROBERT A SAVAGE, PAUL 412 STONEHAM DR 410 BROCKFIELD DR S SUN CITY CENTER, FL 33573 US SUN CITY CENTER, FL 33573 US 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: PAUL SAVAGE 03/15/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SAVAGE, PAUL Name: Name: 410 BROCKFIELD DR S Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, DIANNA Name: Name: Address: 410 BROCKFIELD DR S Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SCOBLE, ROBERT A Name: THOMPSON, MARY Name: 219 AMESBURY CIRCLE Address: 412 STONEHAM DR. Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: () Delete Title: VΡ (X) Change ( ) Addition REEVE, CHUCK Name: Name: BERENS, DONALD 415 SMITHFIELD LN 208 STONEHOUSE COURT Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: () Delete Title: (X) Change ( ) Addition REEVE, SHARI MILLER, MARVIN Name: Name: 415 SMITHFIELD LN 304 STONEHAM DRIVE Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: (X) Delete Title: () Change () Addition MCREE, JOHN Name: Name: Address: 206 GREYSON CT Address: SUN CITY CENTER, FL 33573 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY THOMPSON T 03/15/2006