

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765652

FILED
Jul 02, 2009
Secretary of State

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

Current Principal Place of Business:

219 AMESBURY CIRCLE
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

219 AMESBURY CIRCLE
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 59-2232739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMPSON, MARY
219 AMESBURY CIRCLE
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, MARY
Address: 219 AMESBURY CIRCLE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP () Delete
Name: LEMASTERS, PHIL
Address: 221 BROCKFIELD DRIVE N
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T () Delete
Name: LANTZ, SANDY
Address: 106 KENLEY WAY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S () Delete
Name: THOMPSON, RANDY
Address: 219 AMESBURY CIRCLE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: LESSER, LARRY
Address: 311 THORNHILL PLACE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: AVELLA, NICK
Address: 307 STONEHAM DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

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:

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: MARY THOMPSON

P

07/02/2009

Electronic Signature of Signing Officer or Director

Date