2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003064

1. Entity Name
ST ANDREWS OF ESCAMBIA COUNTY SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

40059730

04102007   Chg-NP   CR2E037 (12/06)

Principal Place of Business	Mailing Address
4400 BAYOU BLVD STE 35 PENSACOLA, FL 32503	4400 BAYOU BLVD STE 35 PENSACOLA, FL 32503

2. Principal Place of Business - No P.O. Box #
429 S. Navy Blvd.
Suite, Apt. #, etc.
Pensacola, FL. 32507
City & State   32507   USA
Zip   Country

3. Mailing Address
429 S. Navy Blvd.
Suite, Apt. #, etc.
Pensacola, FL 32507
City & State   32507-3369   USA
Zip   Country

4. FEI Number
59-3680844
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LONGWELL, TINA 4400 BAYOU BLVD. SUITE 35 PENSACOLA, FL 32503	Name GLENN DORSEY Street Address (P.O. Box Number is Not Acceptable) 429 S. NAVY BLVD. City PENSACOLA FL Zip Code 32507

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 _____ Glenn Dorsey _____   4-10-2007
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$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	☑ Delete	TITLE	PD	☑ Change ☑ Addition
NAME	SIMMONS, CHIP		NAME	STACY RISING	
STREET ADDRESS	11739 OLD COURSE ROAD		STREET ADDRESS	11771 Old Course Rd.	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Cantonment, FL 32533	

TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WARREN, SCOTT		NAME		
STREET ADDRESS	11820 OLD COURSE ROAD		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP		

TITLE	D	☑ Delete	TITLE	D	☐ Change ☑ Addition
NAME	WILKINS, RON		NAME	CATHI CHURCHWELL	
STREET ADDRESS	11719 OLD COURSE ROAD		STREET ADDRESS	11757 Old Course Rd.	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Cantonment, FL 32533	

TITLE	D	☑ Delete	TITLE	D	☐ Change ☑ Addition
NAME	PITTS, WILLIAM		NAME	JULIA FIFE	
STREET ADDRESS	11715OLD COURSE ROAD		STREET ADDRESS	11776 Old Course Rd.	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Cantonment, FL 32533	

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ 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: _____ Glenn Dorsey _____   4-10-2007   850-453-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #