

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003064

FILED  
Feb 08, 2011  
Secretary of State

**Entity Name:** ST ANDREW'S OF ESCAMBIA COUNTY SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

429 S. NAVY BLVD  
C/O MYHOMESPOT.COM  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

429 S. NAVY BLVD  
C/O MYHOMESPOT.COM  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 59-3680844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLENN DORSEY INC  
429 S. NAVY BLVD  
PENSACOLA, FL 32507 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  
Name: CHURCHWELL, CATHI  
Address: 11751 OLD COURSE ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: VP  
Name: CHURCHWELL, MARC  
Address: 11751 OLD COURSE ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: TD  
Name: POOLSON, JULES  
Address: 11793 OLD COURSE ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: D  
Name: LONG, ISIAH  
Address: 11730 OLD COURSE RD  
City-St-Zip: CANTONMENT, FL 32533

Title: D  
Name: LABORDE, GARRETT  
Address: 11796 OLD COURSE RD  
City-St-Zip: CANTONMENT, FL 32533

I hereby 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 all other like empowered.

SIGNATURE: JANET NOWAKOWSKI

MGR

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date