

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002595

FILED
Jun 30, 2005
Secretary of State

Entity Name: STRATFORD GLEN OF ST. ANDREWS ASSOCIATION, INC.

Current Principal Place of Business:

722 SHAMROCK BLVD
VENICE, FL 34293

New Principal Place of Business:

877 - 929 TARTAN DR.
VENICE, FL 34293

Current Mailing Address:

722 SHAMROCK BLVD
VENICE, FL 34293

New Mailing Address:

C/O ANTARES GROUP, INC.
P.O. BOX 8065
NORTH PORT, FL 34287

FEI Number: 65-1115377 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:

LATTMANN, STEPHEN E
722 SHAMROCK BLVD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

KRUMENAKER, CYNTHIA C
760 SUGARWOOD WAY
VENICE, FL 34292 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: CYNTHIA C. KRUMENAKER

06/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LATTMANN, STEPHEN E
Address: 722 SHAMROCK BLVD
City-St-Zip: VENICE, FL 34293

Title: STD () Delete
Name: SULLIVAN, PAMELA B
Address: 722 SHAMROCK BLVD
City-St-Zip: VENICE, FL 34293

Title: VD () Delete
Name: BRADY, RICHARD
Address: 315 PINE GLEN WAY
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CONVEY, JUNE
Address: 907 TARTAN DR.
City-St-Zip: VENICE, FL 34293

Title: STD (X) Change () Addition
Name: SHANNON, WILLIAM
Address: 925 TARTAN DR.
City-St-Zip: VENICE, FL 34293

Title: VD (X) Change () Addition
Name: STONER, REID
Address: 921 TARTAN DR.
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUNE CONVEY

PD

06/30/2005

Electronic Signature of Signing Officer or Director

Date