


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 009 ****61.25

DOCUMENT # N01000002595 1. Entity Name STRATFORD GLEN OF ST. ANDREWS ASSOCIATION, INC.					
Principal Place of Business 877 - 929 TARTAN DR. VENICE FL 34293		Mailing Address C/O ANTARES GROUP, INC. P.O. BOX 8065 NORTH PORT FL 34287			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4195 S. TAMiami TL, PMB #173 Suite, Apt. #, etc.			
City & State VENICE, FL		City & State VENICE, FL		4. FEI Number 65-1115377	
Zip 34293		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUMENAKER, CYNTHIA C 760 SUGARWOOD WAY VENICE FL 34292				7. Name and Address of New Registered Agent ANTARES GROUP, Inc. 4195 S. TAMiami TL, PMB #173 VENICE FL 34293	
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: <i>Cynthia C. Krumenaker</i> CYNTHIA C. KRUMENAKER 02.01.06 <small>(Signature, typed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW! FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD CONVEY, JUNE 907 TARTAN DR. VENICE FL 34293	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHANNON, WILLIAM 925 TARTAN DR. VENICE FL 34293	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONER, REID 921 TARTAN DR. VENICE FL 34293	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, FRANK 821 TARTAN DR. VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *June Convey* **JUNE CONVEY** **02.01.06** **941-408-8732**