


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000002595	
1. Entity Name STRATFORD GLEN OF ST. ANDREWS ASSOCIATION, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 AM 9:14

Principal Place of Business 4195 S TAMiami TrL, PMB# 173 VENICE, FL 34293	Mailing Address C/O ANTARES GROUP, INC. P.O. BOX 8065 NORTH PORT, FL 34287
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4195 S-TAMiami TrL
Suite, Apt. #, etc.	Suite, Apt. #, etc. PHB #173
City & State	City & State VENICE FL
Zip	Country
34293	USA

01292008 REIN-NP CR2E099 (1/07)

4. FEI Number 65-1115377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANTARES GROUP, INC. 4195 S TAMiami TrL, PMB# 173 VENICE, FL 34293	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

500128782575
05/07/08--01043--009 **122.50

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOELLER, HENRY 905 TARTAN DR VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHANNON, WILLIAM 925 TARTAN DR. VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYERS, JACK P.O. BOX 11221 NOKOMIS, FL 34274 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBLESON, FRANK 891 TARTAN DR VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAQUETTE, DOROTHY 917 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08

Date

941-493-8287

Daytime Phone #