

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002595

FILED  
Feb 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4195 S TAMIAMI TRL, PMB# 173  
VENICE, FL 34293

**New Principal Place of Business:**

877 - 929 TARTAN DRIVE  
VENICE, FL 34293

**Current Mailing Address:**

4195 S TAMIAMI TRL, PMB #173  
VENICE, FL 34293 US

**New Mailing Address:**

C/O ANTARES GROUP, INC.  
4195 S. TAMIAMI TRL, PMB #173  
VENICE, FL 34293 US

FEI Number: 65-1115377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANTARES GROUP, INC.  
4195 S TAMIAMI TRL, PMB# 173  
VENICE, FL 34293 US

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

ANTARES GROUP, INC.  
4195 S. TAMIAMI TRL., PMB# 173  
VENICE, FL 34293 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 A. KRUMENAKER

02/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FOELLER, HENRY  
Address: 905 TARTAN DR.  
City-St-Zip: VENICE, FL 34293

Title: V ( ) Delete  
Name: MYERS, JACK  
Address: P.O. BOX 1221  
City-St-Zip: NOKOMIS, FL 34274

Title: ST ( ) Delete  
Name: PAQUETTE, DOROTHY  
Address: 917 TARTAN DR  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ROBINSON, FRANK  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: VPD (X) Change ( ) Addition  
Name: MYERS, JACK  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: ST/D (X) Change ( ) Addition  
Name: BEHM, ED  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CYNTHIA A. KRUMENAKER

MGR

02/10/2009

Electronic Signature of Signing Officer or Director

Date