


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90552 036 ****61.25

DOCUMENT # N01000004045

1. Entity Name
ST ANDREWS PARK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 500 S AUSTRALIAN AVE, STE 120 W PALM BCH, FL 33401	Mailing Address 500 S AUSTRALIAN AVE, STE 120 W PALM BCH, FL 33401
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20035665



03142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1115302	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

RHODES, PAUL
 500 S AUSTRALIAN AVE, STE 120
 W PALM BCH, FL 33401

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHODES, PAUL 500 S AUSTRALIAN AVE, STE 120 W PALM BCH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LARSON, SALLY A 500 S AUSTRALIAN AVE, STE 120 W PALM BCH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDGISTAR, ALICIA 500 S AUSTRALIAN AVE, STE 120 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Paul Rhodes 4-15-05 361-659-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #