


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000004045  
1. Entity Name  
ST ANDREWS PARK PROPERTY OWNERS  
ASSOCIATION, INC.



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



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1115302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

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

U00000553839  
05/15/06-80068-013 81.25

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	

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IN THIS SPACE**

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: Paul Rhodes      4/6/06      561-694-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #