


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01282008 No Chg-NP CR2E037 (4/06)

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 reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

U000000938168
 05/28/08-80017-012 61.25

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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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: Sally A Larson **Sally ALARSON** 4-21-08 7616595400

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