2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2005 8:00 am
Secretary of State
04-27-2005 90341 012 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N01884

1. Entity Name

ST. ANDREWS TOWNHOMES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6939 N. WICKHAM RD. MELBOURNE FL 32940	6939 N. WICKHAM RD. MELBOURNE FL 32940

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2503655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART, FRANCIS CPA 6939 N WICKHAM RD MELBOURNE FL 32940	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNKRANT, BRADLEY 654 JUBILEE STREET MELBOURNE FL 32940	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DON Gaylor 630 Jubilee St. Melb. FL 32940	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACKSON, RUBY 610 JUBILEE STREET MELBOURNE FL 32940	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SARA POPE 632 Jubilee St. Melb. FL 32940	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAYLOR, JOHN T 644 JUBILEE STREET MELBOURNE FL 32940	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARIANNE LAYTON 649 Jubilee St. Melb. FL 3294	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMMONS, KAREN 604 JUBILEE STREET MELBOURNE FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Simmons, Karen 604 Jubilee St. Melbourne, Fl 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EULER, TINA 600 JUBILEE STREET MELBOURNE FL 32940	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles MANNING 622 Jubilee St. Melb. FL 32940	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X Karen Simmons 4-22-05 321-751-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #