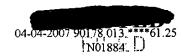
## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # N01884  1. Entity Name ST. ANDREWS TOWNHOMES ASSOCIATION, INC.					SECR	PR 18 AM I LIANGE AG S HASSEE, FL	IATE
Principal Place of Business 6939 N. WICKHAM RD. MELBOURNE, FL 32940		Mailing Address 6939 N. WICKHAM RD. MELBOURNE, FL. 32940	- <del>1</del>	ANY PO-	 Ber (en es en en	O BITTH KIRTI BOOD BITTH BITT	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #. etc.		01082007 Ct	ng-NP (	CR2E037 (12/06)	,
City & State		City & State	<u> </u>	4. FEI Number 59-250365	5	<del></del> -	plied For
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 Add	litional
	6. Name and Address of Current	t Registered Agent		7. Name and Add	ress of New Regi		
CTELAVACIT	FRANCIS ODA	Name	Name Katherine Johnson				
STEWART, FRANCIS CPA 6939 N WICKHAM RD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
MELBOUF	RNE, FL 32940		8534	Eda Ct.			
				Melbourne			
į.		_	City			FL Zgc	å40
	named entity submits this statement fillions of registered agent.	or the purpose of changing its req	gistered office or regi	stered agent, or both, in	the State of Florid	a. I am familiar with,	and accept
uie congai	I / I D						
SIGNATURE	Kowa Xat	mon				3-30-0	
	Signature, typed or printed numb of realistered ager	nt and title if applicable. (NOTE: Re	gistered Agent algheture req	uited when renstating)		DATE	
Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be		e check payable to Department of St	
10.	Due by May 1, 2007		tribution.	Added to Fees			<u>'</u>
TITLE	OFFICERS AND D	Delete		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	Addition
NAME	GAYLOR, DON	Cu occa		wentan Lan	dingham		E AUGUS
STREET ADDRESS	630 JUBILEE STREET		STREET ADDRESS	6 Jubilee S	Lean Pl	a	
CITY-ST-ZIP	MELBOURNE, FL 32940			selboure, C	13294		
TITLE NAME	TD POPE, SARA	☐ Delete	THE TO	easurer /		Change	Addition
STREET ADDRESS	632 JUBILEE STREET		STREET ADDRESS 6	Pe, Sarah \$2, Jubilee :	itrect		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-SI-ZP M	elbourne, FL	32940		
गार्ख	SD FRANCE	Delete	TILE M	emberat La	rge	☐ Change	(U-Addition
STREET ADDRESS	EVLER, ERNIE   600 JUBILEE ST		STREET ADDRESS (	esley Schroe	der		
CITY-ST-ZIP	MELBOURNE, FL 32940			34 Jubilee Lelbourne F		.a	
Ψuτ.	PD	Oelete	11TLE	- SOUTH		☐ Change	☐ Addition
HAME	SIMMONS, KAREN		KAME				
STREET ADDRESS CITY-ST-ZIP	604 JUBILEE STREET MELBOURNE, FL 32940		STREET ADORESS CITY-ST-ZDP				
		Delete		Danisland		☐ Change	Addition
NAME .	PD MANNING, CHARLES		NAME SA	ce President ward Mac Don	aid	ப பகர்	CED VERNING
STREET ADDRESS	622 JUBILEE STREET			ward Mac Don 5 Jubi be St.			
CITY-\$1-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Ubourne, FL 3:			
TILE		☐ Delete	TITLE NAME	$\frown$ 1	,	Change	Addition
NAME STREET ADDRESS			STREET ADDRESS	134/27	1/2		
1			COV CT TO	レノーリング	7//)		

Hareng Simmer President Board of Directors 3/30/07

St. Andrews Townhomer Agent Tone 3/30/07

<sup>12.</sup> 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 attackment with an address, with all other like empowered.