

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

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90063 003 \*\*\*\*61.25

**60009154**



01162006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N04000008326</b> 1. Entity Name <b>BUCKINGHAM MEADOWS OF ST. ANDREWS EAST ASSOCIATION, INC.</b>			
Principal Place of Business <b>722 SHAMROCK BLVD. VENICE, FL 34293</b>		Mailing Address <b>722 SHAMROCK BLVD. VENICE, FL 34293</b>	
2. Principal Place of Business <b>181 Center Rd</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>181 Center Rd</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Venice, FL</b>		City & State <b>Venice, FL</b>	
Zip <b>34285</b>	Country <b>USA</b>	Zip <b>34285</b>	Country <b>USA</b>
4. FEI Number <b>51-0519508</b>		Applied For <input type="checkbox"/> 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  <b>LATTMANN, STEPHEN E 722 SHAMROCK BLVD. VENICE, FL 34293</b>		7. Name and Address of New Registered Agent Name <b>Argus Mgmt. of Venice</b> Street Address (P.O. Box Number is Not Acceptable) <b>181 Center Rd</b> City <b>Venice</b> <b>FL</b> Zip Code <b>34285</b>	
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 <u><i>Barbara O'Neil</i></u> DATE <u>1-26-06</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b>	NAME <b>LATTMANN, STEPHEN E</b>	TITLE <b>McCarthy, Peggy Pres</b>	NAME <b>11667 Lancashire</b>
STREET ADDRESS <b>722 SHAMROCK BLVD.</b>	CITY-ST-ZIP <b>VENICE, FL 34293</b>	STREET ADDRESS <b>Venice, FL 34293</b>	CITY-ST-ZIP <b>Venice, FL 34293</b>
TITLE <b>STD</b>	NAME <b>SULLIVAN, PAMELA B</b>	TITLE <b>Goettmann, Larry VP</b>	NAME <b>11656 Monarch</b>
STREET ADDRESS <b>722 SHAMROCK BLVD.</b>	CITY-ST-ZIP <b>VENICE, FL 34293</b>	STREET ADDRESS <b>Venice, FL 34293</b>	CITY-ST-ZIP <b>Venice, FL 34293</b>
TITLE <b>VD</b>	NAME <b>BRADY, RICHARD</b>	TITLE <b>Myers, Janita S/T</b>	NAME <b>11679 Lancashire</b>
STREET ADDRESS <b>315 PINE GLEN WAY</b>	CITY-ST-ZIP <b>ENGLEWOOD, FL 34223</b>	STREET ADDRESS <b>Venice, FL 34293</b>	CITY-ST-ZIP <b>Venice, FL 34293</b>
TITLE <b>NAME</b>	STREET ADDRESS <b>NAME</b>	TITLE <b>NAME</b>	STREET ADDRESS <b>NAME</b>
CITY-ST-ZIP <b>NAME</b>	CITY-ST-ZIP <b>NAME</b>	CITY-ST-ZIP <b>NAME</b>	CITY-ST-ZIP <b>NAME</b>
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: <u><i>Margaret A. McCarthy</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	