
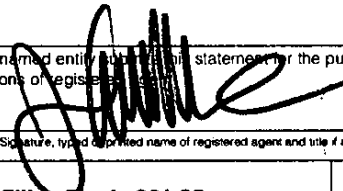
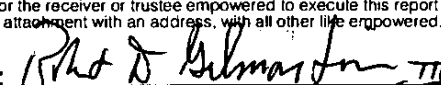


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90025 021 ****61.25

DOCUMENT # N04000010274		
1. Entity Name ST. ANDREWS AT THE POLO CLUB CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414		Mailing Address 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NEWSOME, JOHN 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414		DO NOT WRITE IN THIS SPACE
8. The above named entity hereby certifies the 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 registration.		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		John Newsome 1-8-08 (NOTE: Registered Agent signature required when registering) DATE
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEA, THOMPSON 12330 SUNNYDALE DR WELLINGTON, FL 33414	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASON, TIMOTHY 11780 ST ANDREWS PLACE #102 WELLINGTON, FL 33471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYLIN, WENDY 11770 ST ANDREWS PLACE #204 WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILMARTIN, ROBERT 11770 ST ANDREWS PL #301 WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURDI, BARBARA 11720 ST ANDREWS PLACE #203 WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Robert GILMARTIN 1/9/08 561 784 0577 Date Daytime Phone #