

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010274

FILED
Apr 08, 2009
Secretary of State

Entity Name: ST. ANDREWS AT THE POLO CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-1134802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEA, THOMPSON
Address: 12330 SUNNYDALE DR
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: MASON, TIMOTHY
Address: 11780 ST ANDREWS PLACE #102
City-St-Zip: WELLINGTON, FL 33471

Title: SD () Delete
Name: MAYLIN, WENDY
Address: 11770 ST ANDREWS PLACE #204
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: GILMARTIN, ROBERT
Address: 11770 ST ANDREWS PL #301
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: SURDI, BARBARA
Address: 11720 ST ANDREWS PLACE #203
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MASON, TIMOTHY
Address: 11780 ST ANDREWS PLACE #102
City-St-Zip: WELLINGTON, FL 33414

Title: SD (X) Change () Addition
Name: LYNN, MARY ANN
Address: 11720 ST ANDREWS PLACE #107
City-St-Zip: WELLINGTON, FL 33414

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMPSON SHEA

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date