

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

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000011507**

**1. Entity Name**  
**ST. ANDREWS COMMUNITY ASSOCIATION, INC.**



**Principal Place of Business**  
**8625 S.W. 200TH CIRCLE**  
**DUNNELLON, FL 34431-5324**

**Mailing Address**  
**8625 S.W. 200TH CIRCLE**  
**DUNNELLON, FL 34431-5324**



04052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 25-1919109	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BERTOCH, CARL A**  
**7655 WEST GULF TO LAKE HIGHWAY**  
**SUITE 13**  
**CRYSTAL RIVER, FL 34429**

**DO NOT WRITE  
IN THIS SPACE**

**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**

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	COLLINS, J. TIMOTHY
<b>STREET ADDRESS</b>	8625 S.W. 200TH CIRCLE
<b>CITY-ST-ZIP</b>	DUNNELLON, FL 344315324

<b>TITLE</b>	STD
<b>NAME</b>	MASSANET, TONY
<b>STREET ADDRESS</b>	8625 S.W. 200TH CIRCLE
<b>CITY-ST-ZIP</b>	DUNNELLON, FL 344315324

<b>TITLE</b>	SVD
<b>NAME</b>	HENRICH, DAWN
<b>STREET ADDRESS</b>	8625 S.W. 200TH CIRCLE
<b>CITY-ST-ZIP</b>	DUNNELLON, FL 344315324

<b>TITLE</b>	VD
<b>NAME</b>	KYKER, MARTHA A
<b>STREET ADDRESS</b>	8625 SW 200TH CIRCLE
<b>CITY-ST-ZIP</b>	DUNNELLON, FL 34431

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/06/06-80108-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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

Date

Daytime Phone #

4/21/06 (352) 489-2525