
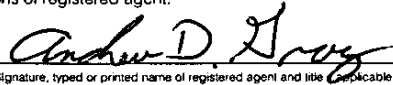



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90030 008 \*\*\*\*61.25

<b>DOCUMENT # N04000011507</b> 1. Entity Name <b>ST. ANDREWS COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>8625 S.W. 200TH CIRCLE DUNNELLON, FL 34431-5324</b>				Mailing Address <b>8625 S.W. 200TH CIRCLE DUNNELLON, FL 34431-5324</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>25-1919109</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BERTOCH, CARL A 7655 WEST GULF TO LAKE HIGHWAY SUITE 13 CRYSTAL RIVER, FL 34429</b>			Name <b>Gray, Andrew</b> Street Address (P.O. Box Number is Not Acceptable) <b>8367 SW 197th Ct</b> City <b>Dunnellon</b> <b>FL</b> Zip Code <b>34432</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  <small>Signature, typed or printed name of registered agent and title (Applicable)</small>			(NOTE: Registered Agent signature required when reinstating) DATE <b>01/11/2008</b>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COLLINS, J. TIMOTHY 8625 S.W. 200TH CIRCLE DUNNELLON, FL 344315324</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD HENRICH, DAWN 8625 S.W. 200TH CIRCLE DUNNELLON, FL 344315324</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>XX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KYKER, MARTHA A 8625 SW 200TH CIRCLE DUNNELLON, FL 34431</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Gray, Andrew 8367 SW 197th Ct Dunnellon, FL 34432</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Reppenhagen, Gail 8375 SW 197th Ct Dunnellon, FL 34432</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T McWilliams, Jeanette 8367 SW 197th Ct Dunnellon, FL 34432</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Dawn Henrich Treasurer</b> <b>1/8/08</b> <b>352-489-9152</b> <small>Date Daytime Phone #</small>		