

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011507

**FILED**  
**May 15, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

8625 S.W. 200TH CIRCLE  
DUNNELLON, FL 344315324

**New Principal Place of Business:**

8367 SW 197TH CT  
DUNNELLON, FL 34431

**Current Mailing Address:**

PO BOX 2324  
OCALA, FL 34478

**New Mailing Address:**

PO BOX 3  
LOWELL, FL 32663

**FEI Number:** 25-1919109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, ANDREW  
8367 SW 197TH CT  
DUNNELLON, FL 34432 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: VD  
Name: COLLINS, J. TIMOTHY  
Address: 9718 SW 188TH TERR  
City-St-Zip: DUNNELLON, FL 34432

Title: D  
Name: REPPENHAGEN, ALLEN  
Address: 8375 SW 197TH CT  
City-St-Zip: DUNNELLON, FL 34432

Title: PD  
Name: GRAY, ANDREW  
Address: 8367 SW 197TH CT  
City-St-Zip: DUNNELLON, FL 34432

Title: S  
Name: REPPENHAGEN, GAIL  
Address: 8375 SW 197TH CT  
City-St-Zip: DUNNELLON, FL 34432

Title: T  
Name: MCWILLIAMS, JEANETTE  
Address: 8367 SW 197TH CT  
City-St-Zip: DUNNELLON, FL 34432

I hereby 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 all other like empowered.

SIGNATURE: ANDREW GRAY

D

05/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date