

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008699

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

5955 T. G. LEE, BLVD, SUITE 300
ORLANDO, FL 328224457

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

Current Mailing Address:

5955 T. G. LEE, BLVD, SUITE 300
ORLANDO, FL 328224457

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

FEI Number: 20-3605056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
5955 T. G. LEE, BLVD, SUITE 300
ORLANDO, FL 32940 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

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:

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVENPORT, MARK K
Address: 13168 TOM MORRIS DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD () Delete
Name: CHRISTIAN, MARK S
Address: 13168 TOM MORRIS DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete
Name: PASKO, BROOKE E
Address: 13138 TOM MORRIS DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Delete
Name: JOHNSON, CECILIA
Address: 13151 TOM MORRIS DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: KEN, JOHN SON
Address: 13151 TOM MORRIS DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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: MARK K. DAVENPORT

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date