

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008699

FILED  
Apr 26, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

**New Mailing Address:**

**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.  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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  
Name: DAVENPORT, MARK K  
Address: 6972 LAKE GLORIA BLVD  
City-St-Zip: ORLANDO, FL 32809

Title: TD  
Name: ROGERS, WILLIE F  
Address: 6972 LAKE GLORIA BLVD  
City-St-Zip: ORLANDO, FL 32809

Title: D  
Name: JANKOWSKI, MELISSA  
Address: 6972 LAKE GLORIA BLVD  
City-St-Zip: ORLANDO, FL 32809

Title: D  
Name: ATKINS, WILLIAM  
Address: 6972 LAKE GLORIA BLVD.  
City-St-Zip: ORLANDO, FL 32809

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: MARK DAVENPORT

PD

04/26/2012

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

\_\_\_\_\_  
Date