

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000004995**

1. Entity Name  
**SAINT ANDREWS HARBOR CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1301 BECK AVE  
PANAMA CITY, FL 32401**

Mailing Address  
**1301 BECK AVE  
PANAMA CITY, FL 32401**

**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**WATTS, TOMMY  
1301 BECK AVE UNIT 37  
PANAMA CITY, FL 32401**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	WATTS, TOMMY
STREET ADDRESS	1301 BECK AVE UNIT #37
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	VP
NAME	WISSER, THOMAS
STREET ADDRESS	3647 KISLING LOOP
CITY-ST-ZIP	TYNDAL AIR FORCE BASE, FL 32403
TITLE	TRES
NAME	GEORGE, LESTER
STREET ADDRESS	1301 BECK AVE UNIT #35
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000833148  
02/28/08-80001-011 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

*Tommy L. Watts* (Pres) Feb. 19, '08 850-814-7588

Date

Daytime Phone #