

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004995

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1301 BECK AVE  
OFFICE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

1301 BECK AVE  
OFFICE  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 20-4925254      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HAWKINS, DAVID L  
1301 BECK AVE  
OFFICE  
PANAMA CITY, FL 32401 US

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

FOREHAND, MARIE  
1301 BECK AVE  
OFFICE  
PANAMA CITY, FL 32401 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: MARIE FOREHAND

02/13/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HAWKINS, DAVID L  
Address: 1301 BECK AVE, OFFICE  
City-St-Zip: PANAMA CITY, FL 32401

Title: SEC.  
Name: GANKA, THOMAS  
Address: 1301 BECK AVE UNIT #65  
City-St-Zip: PANAMA CITY, FL 32401

Title: TRES  
Name: COOLEY, PAUL  
Address: 1301 BECK AVE UNIT #45  
City-St-Zip: PANAMA CITY, FL 32401

Title: VP  
Name: WISSER, THOMAS  
Address: 1301 BECK AVE. UNIT #62  
City-St-Zip: PANAMA CITY,, FL 32401

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: MARIE FOREHAND

MGR

02/13/2012

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

\_\_\_\_\_  
Date