

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06365

FILED
Apr 13, 2009
Secretary of State

Entity Name: ST. ANDREWS HIGHLANDS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MICHELLE NELSON
1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

C/O MICHELE NELSON
1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

Current Mailing Address:

C/O MICHELLE NELSON
1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Mailing Address:

C/O MICHELE NELSON
1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

FEI Number: 59-2481652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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: DST () Delete
Name: VERES, LOU
Address: 124 AVOCET CT.
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: WIX, DONALD
Address: 140 BROWN PELICAN
City-St-Zip: DAYTONA BEACH, FL 32119

Title: DVP () Delete
Name: PARRISH, KEN
Address: 216 PALM SPARROW
City-St-Zip: DAYTONA BEACH, FL 32119

Title: DP () Delete
Name: MARTIN, J. J.
Address: 128 SAND THRUSH CT.
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: MORACO, ROBERT
Address: 112 BROWN PELICAN
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: MILLSON, WILLIAM
Address: 116 PALM SPARROW
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: J. J. MARTIN

DP

04/13/2009

Electronic Signature of Signing Officer or Director

Date