


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90042 003 ****61.25

DOCUMENT # N19039 1. Entity Name ST. ANDREWS UKRAINIAN VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4000 S. BISCAYNE DR. UNIT # 316 NORTH PORT, FL 34287 US			Mailing Address 4000 S. BISCAYNE DR. UNIT # 316 NORTH PORT, FL 34287 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
03012005 Chg-NP CR2E037 (10/03)			4. FEI Number 59-2770677		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent TOMASHOSKY, DARIA 4000 S. BISCAYNE DRIVE #316 NORTHPORT, FL 34287		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JANCZYSZYN, OLENA 4000 S BISCAYNE DRIVE #311 NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Nikolao Nenadkevich 4000 S. Biscayne DR #212 North Port, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NASCHANSKY, VLADISLAV 4000 S BISCAYNE DR # 309 NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Omolan Melnyk 4000 S. Biscayne DR # 302 North Port FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRA, STEFANIA 4000 S. BISCAYNE DRIVE #108 NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOTYKA, WALTER 4000 S. BISCAYNE DR. 201 NORTH PORT, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOROZYNSKY, MARIO 4000 S BISCAYNE DR # 208 NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORYSKEWICH, WALTER 12922 S W DOUG DRIVE LAKE SUZY, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>M. Dorozynsky</u> M. DOROZYNSKY			3/23/05 941 423-5637		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		