


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90029 038 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2770677	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOMASHOSKY, DARIA 4000 S. BISCAYNE DRIVE #316 NORTHPORT, FL 34287			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DT JANCZYSZYN, OLENA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4000 S BISCAYNE DRIVE #311		NAME		
STREET ADDRESS	NORTH PORT, FL 34287		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NENADKEVICH, NIKOLAS		NAME		
STREET ADDRESS	4000 S BISCAYNE DR, # 212		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDRA, STEFANIA		NAME		
STREET ADDRESS	4000 S. BISCAYNE DRIVE #108		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOTYKA, WALTER		NAME		
STREET ADDRESS	4000 S. BISCAYNE DR. 201		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOROZYNSKY, MARIO		NAME	Dorozynty, Maria	
STREET ADDRESS	4000 S BISCAYNE DR # 208		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORYSKEWICH, WALTER		NAME		
STREET ADDRESS	12922 S W DOUG DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE SUZY, FL 34266		CITY-ST-ZIP		
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: <i>M. Dorozynty</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/4/06		Daytime Phone # 941 423-5637