


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90031 030 \*\*\*\*61.25

<b>DOCUMENT # N19039</b>					
<b>1. Entity Name</b> ST. ANDREWS UKRAINIAN VILLAGE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4000 S. BISCAYNE DR. UNIT # 316 NORTH PORT, FL 34287 US			<b>Mailing Address</b> 4000 S. BISCAYNE DR. UNIT # 316 NORTH PORT, FL 34287 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2770677	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TOMASHOSKY, DARIA 4000 S. BISCAYNE DRIVE #316 NORTHPORT, FL 34287			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>1V</b> JANCZYSZYN, OLENA 4000 S BISCAYNE DRIVE #311 NORTH PORT, FL 34287		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd Vice President</b>	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> NENADKEVICH, NIKOLAS 4000 S BISCAYNE DR, # 212 NORTH PORT, FL 34287		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SANDRA, STEFANIA 4000 S. BISCAYNE DRIVE #108 NORTH PORT, FL 34287		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> MOTYKA, WALTER 4000 S. BISCAYNE DR. 201 NORTH PORT, FL		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> DOROZYNYK, MARIA 4000 S BISCAYNE DR # 208 NORTH PORT, FL 34287		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b>	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>2V</b> BORYSKEWICH, WALTER 12922 S W DOUG DRIVE LAKE SUZY, FL 34266		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> Ivanna Martynetz 4000 S Biscayne DR # 209 North Port, FL 34287	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>M. Dorozynsky</i>			3/28/08 941 426-2542		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		