

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19039

FILED
Mar 05, 2009
Secretary of State

Entity Name: ST. ANDREWS UKRAINIAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4000 S. BISCAYNE DR.
UNIT # 316
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

4000 S. BISCAYNE DR.
UNIT # 316
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 59-2770677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASHOSKY, DARIA
4000 S. BISCAYNE DRIVE #316
NORTHPORT, FL 34287 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: 2VP () Delete
Name: JANCZYSZYN, OLENA
Address: 4000 S BISCAYNE DRIVE #311
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: NENADKEVICH, NIKOLAS
Address: 4000 S BISCAYNE DR, # 212
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: SANDRA, STEFANIA
Address: 4000 S. BISCAYNE DRIVE #108
City-St-Zip: NORTH PORT, FL 34287

Title: SD () Delete
Name: MOTYKA, WALTER
Address: 4000 S. BISCAYNE DR. 201
City-St-Zip: NORTH PORT, FL

Title: VP () Delete
Name: DOROZYNSKY, MARIA
Address: 4000 S BISCAYNE DR # 208
City-St-Zip: NORTH PORT, FL 34287

Title: P (X) Delete
Name: HARTYNETZ, IVANNA
Address: 4000 S BISCAYNE DR #209
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTYNETZ, IVANNA
Address: 4000 S BISCAYNE DRIVE #209
City-St-Zip: NORTH PORT, FL 34287

Title: T (X) Change () Addition
Name: RATYCH, JOANNA
Address: 4000 S BISCAYNE DR, # 109
City-St-Zip: NORTH PORT, FL 34287

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: IVANNA MARTYNETZ

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date