

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19039

FILED  
Mar 09, 2012  
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: P  
Name: MARTYNETZ, IVANNA  
Address: 4000 S BISCAYNE DRIVE #209  
City-St-Zip: NORTH PORT, FL 34287

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

Title: D  
Name: ORYSIA, SWYSTUN  
Address: 4000 S. BISCAYNE DRIVE #101  
City-St-Zip: NORTH PORT, FL 34287

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

Title: VP  
Name: JARMAK=SPINO, LUCIENNE  
Address: 4000 S BISCAYNE DR # 111  
City-St-Zip: NORTH PORT, FL 34287

I hereby 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 all other like empowered.

SIGNATURE: DARIA TOMASHOSKY

AGT

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date