

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 27, 2008  
Secretary of State**

DOCUMENT# N93000001287

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

**Current Principal Place of Business:**

149-151 CALEDONIA DR  
MELBOURNE BEACH, FL 32951 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 VISTA ROYALE BLVD  
VERO BEACH, FL 32962 US

**New Mailing Address:**

FEI Number: 59-3179189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVINE, JAY S  
2500 N MILITARY TRAIL  
SUITE 283  
BOCA RATON, FL 33431 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 ( ) Delete  
Name: BLOCK, FRED  
Address: 149 CALEDONIA DR #201  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TS ( ) Delete  
Name: KOENN, CHARLES  
Address: 149 CALEDONIA DRIVE #104  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP ( ) Delete  
Name: DOUGLASS, CHRISTOPHER  
Address: 149 CALEDONIA DRIVE #203  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CHARLES KOENN

S

03/27/2008

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

\_\_\_\_\_  
Date