

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001287

FILED
Apr 07, 2009
Secretary of State

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: VP (X) Change () Addition
Name: KOENN, CHARLES
Address: 149 CALEDONIA DRIVE #104
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TS (X) Change () Addition
Name: DOUGLASS, CHRISTOPHER
Address: 149 CALEDONIA DRIVE #203
City-St-Zip: MELBOURNE BEACH, FL 32951

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

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date