
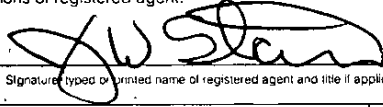
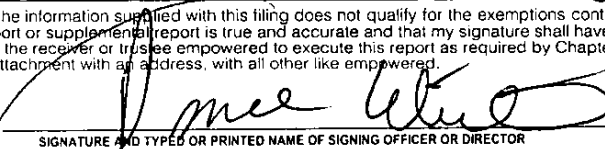


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90015 047 \*\*\*\*61.25

<b>DOCUMENT # N93000003783</b>					
<b>1. Entity Name</b> ST. ANDREWS DRIVE PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 12273 U.S. HIGHWAY 98 SUITE 208 DESTIN, FL 32550 US			<b>Mailing Address</b> 12273 U.S. HIGHWAY 98 SUITE 208 DESTIN, FL 32550 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		Country		01032008 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 59-2635151				Applied For <input type="checkbox"/> Not Applicable	
<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>		
LEIRER, WALT 12273 U.S. HIGHWAY 98 SUITE 208 DESTIN, FL 32541			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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>					
<b>SIGNATURE</b> 			<b>DATE</b> 1-29-08		
Signature typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
Make check payable to Florida Department of State			Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D	<b>NAME</b> LEE, RANDY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8796 ST ANDREWS DR	<b>CITY-ST-ZIP</b> DESTIN, FL 32550		<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> V	<b>NAME</b> SALMON, TOM	<input type="checkbox"/> Delete	<b>TITLE</b> Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8792 ST ANDREWS	<b>CITY-ST-ZIP</b> MIRAMAR BEACH, FL 32550		<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> D	<b>NAME</b> DOBELEK, JOHN	<input type="checkbox"/> Delete	<b>TITLE</b> Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8808 ST ANDREWS DR	<b>CITY-ST-ZIP</b> DESTIN, FL 32550		<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> P	<b>NAME</b> WHITE, ANNE	<input type="checkbox"/> Delete	<b>TITLE</b> President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8789 ST. ANDREWS DR.	<b>CITY-ST-ZIP</b> MIRAMAR BEACH, FL 32550		<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> ST	<b>NAME</b> MORRIS, ROSE	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>STREET ADDRESS</b> 	
<b>STREET ADDRESS</b> 8813 ST. ANDREWS DR.	<b>CITY-ST-ZIP</b> DESTIN, FL 32550		<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>NAME</b> Lawrence McGrath	<b>STREET ADDRESS</b> 8824 St. Andrews Dr.	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>NAME</b> 	<b>STREET ADDRESS</b> Destin, FL 32550	
<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> 			<b>DATE</b> 2/20/08		
Signature typed or printed name of signing officer or director			Daytime Phone # 850-267-0765		