2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004676

FILED Apr 13, 2006 Secretary of State

Entity Name: ST. ANDREWS AT THE EAGLES, INC. **Current Principal Place of Business: New Principal Place of Business:** 11902 RACE TRACK ROAD TAMPA, FL 33626 **Current Mailing Address: New Mailing Address:** 11902 RACE TRACK ROAD TAMPA, FL 33626 FEI Number: 59-3208718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PROPERTY GROUP OF CENTRAL FLINC 11902 RACE TRACK ROAD TAMPA, FL 33626 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SUNDHEIM, ADRIANNE Name: Name: 15711 MUIRFIELD DRIVE Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LUCHINA, DAVID Name: LUCHINA, DAVID Address: 16307 MUIRFIELD DRIVE Address: 16307 MUIRFIELD DR. City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556 Title: () Delete Title: () Change () Addition STEWART, JAMES Name: Name: 16303 MUIRFIELD DRIVE Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ROESKE, DAVID Name: 16323 MUIRFIELD DRIVE Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: Title: DS () Delete () Change () Addition NASH, ROBERT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ADRIANNE SUNDHEIM DP 04/13/2006

16231 CARNOUSTIE DRIVE

ODESSA, FL 33556

Address:

City-St-Zip: