2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N94000001163

Entity Name: ST. ANDREWS ISLAND PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2501 27TH AVENUE, SUITE F-11
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 650429
VERO BEACH, FL 32965 US

New Mailing Address:

FEI Number: 65-0483543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RULE, LISA A
2501 27TH AVENUE
SUITE F-11
VERO BEACH, FL 32960 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:	DP	( ) Delete
Name:	DEWITT, WILLIAM	
Address:	5135 ST. ANDREWS ISLAND DRIVE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	DV	( ) Delete
Name:	TURNER, JAMES	
Address:	5160 ST.. ANDREWS ISLAND DRIVE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	M	( ) Delete
Name:	RULE, LISA A	
Address:	2501 27TH AVENUE, SUITE F-11	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	DS	( ) Delete
Name:	HARRELL, MICHAEL	
Address:	5145 ST. ANDREWS ISLAND DRIVE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	DT	( ) Delete
Name:	MCCANN, JOHN	
Address:	5142 ST. ANDREWS ISLAND COURT	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	D	( ) Delete
Name:	REED-PUSSER, ELIZABETH	
Address:	5115 ST. ANDREWS ISLAND DRIVE	
City-St-Zip:	VERO BEACH, FL 32967	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DV	(X) Change ( ) Addition
Name:	MARQUIS, DOUG	
Address:	2501 27TH AVENUE, SUITE F-11	
City-St-Zip:	VERO BEACH, FL 32960	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: LISA A RULE M 05/05/2009

Electronic Signature of Signing Officer or Director — Date