
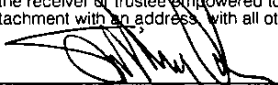


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90008 009 ****61.25

DOCUMENT # N94000006146					
1. Entity Name ST. ANDREWS GRAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33432 US			Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33432 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38-1545089	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D <input checked="" type="checkbox"/> Delete NAME DELCOLLE, MICHAEL STREET ADDRESS 21498 ST. ANDREWS GRAND CIRCLE CITY-ST-ZIP BOCA RATON, FL 33428	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE P <input type="checkbox"/> Delete NAME FRIEDMAN, SHELLEY STREET ADDRESS 21543 ST ANDREWS GRAND CIRCLE CITY-ST-ZIP BOCA RATON, FL 33486	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE VP <input checked="" type="checkbox"/> Delete NAME ELLIOT, JODY STREET ADDRESS 21558 ST ANDREWS GRAND CIRCLE CITY-ST-ZIP BOCA RATON, FL 33486	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S NAME Elliot, Jody STREET ADDRESS 21558 St Andrews Grande circle CITY-ST-ZIP Boca Raton FL 33486				
TITLE T <input type="checkbox"/> Delete NAME DEL VECCHIO, JOHN STREET ADDRESS 21446 ST. ANDREWS GRAND CIRCLE CITY-ST-ZIP BOCA RATON, FL 33486	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE S <input checked="" type="checkbox"/> Delete NAME CHAVES, AL STREET ADDRESS 21482 ST. ANDREWS GRAND CIRCLE CITY-ST-ZIP BOCA RATON, FL 33486	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP NAME chavez, Al STREET ADDRESS 21482 St. Andrews Grande cir CITY-ST-ZIP Boca Raton FL 33486				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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.					
SIGNATURE:  2-11-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					