

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90025 044 \*\*\*\*61.25

<b>DOCUMENT # N95000000423</b>					
<b>1. Entity Name</b> VILLAS I OF ST. ANDREWS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 153 CENTER ROAD VENICE, FL 34285			<b>Mailing Address</b> 153 CENTER ROAD 153 CENTER ROAD VENICE, FL 34285		
<b>2. Principal Place of Business - No P.O. Box #</b> 181 Center Rd		<b>3. Mailing Address</b> 181 Center Rd		40012781 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b> Venice, FL		<b>City &amp; State</b> Venice, FL		<b>4. FEI Number</b> 65-0556118	
<b>Zip</b> 34285		<b>Country</b> USA		<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> ARGUS MANAGEMENT OF VENICE, INC. 153 CENTER RD. VENICE, FL 34285			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
181 Center Rd			City Venice    FL    Zip Code 34285		
<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>					
SIGNATURE <u>SHAUN O'GRADY C.A.M.</u> (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> FLINT, WARREN F J <b>STREET ADDRESS</b> 851 TARTAN DR <b>CITY - ST - ZIP</b> VENICE, FL 34293	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DST <b>NAME</b> GROSS, BENNETT M <b>STREET ADDRESS</b> 853 TARTAN DR <b>CITY - ST - ZIP</b> VENICE, FL 34293	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> SMITH, CHARLES D <b>STREET ADDRESS</b> 847 TARTAN DR <b>CITY - ST - ZIP</b> VENICE, FL 34293	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> GREEN, DEBBIE <b>STREET ADDRESS</b> 810 B PINEBROOK RD. <b>CITY - ST - ZIP</b> VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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> <u>Warren F Flint Jr</u> <b>WARREN F. FLINT JR.</b> 2/2/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					