


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90215 008 ****61.25

DOCUMENT # N95000600423	
1. Entity Name Villas 1 @ St Andrews	

DO NOT WRITE IN THIS SPACE

40048419

2. Principal Place of Business - No P.O. Box # 181 Center Rd		3. Mailing Address 181 Center Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Venice FL	
City & State Venice FL		City & State	
Zip 34285	Country	Zip 34285	Country

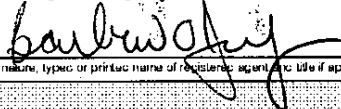
CR2E037B (5/07)

4. FEI Number 65-0556118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Argus Mgmt of Venice	
Street Address (P.O. Box Number is Not Acceptable) 181 Center Rd	
City Venice	Zip Code FL 34285

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 

Signature, typed or printed name of registered agent, etc. if applicable.

(NOTE: Registered Agent signature required when reinstating)

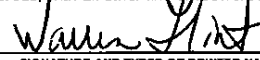
DATE

FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bud Flint 851 Tartan Dr Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bennett Gross 853 Tartan Dr Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Smith 847 Tartan Dr Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-29-08