

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90029 011 \*\*\*\*61.25

**DOCUMENT # N95000000425**

1. Entity Name  
**PATIOS I OF ST. ANDREWS ASSOCIATION, INC.**



Principal Place of Business  
**C/O CAPRI PROPERTY MANAGEMENT  
810 B PINEBROOK RD  
VENICE, FL 34285**

Mailing Address  
**C/O CAPRI PROPERTY MANAGEMENT  
810 B PINEBROOK RD  
VENICE, FL 34285**



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0555770**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CAPRI PROPERTY MANAGEMENT  
810 B PINEBROOK RD  
VENICE, FL 34285**

**DO NOT WRITE  
IN THIS SPACE**

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	WEBB, DOUGLAS E
STREET ADDRESS	882 CHALMERS DR
CITY-ST-ZIP	VENICE, FL 34293

TITLE	VD
NAME	MASSEY, FRANK
STREET ADDRESS	850 TARTAN DR
CITY-ST-ZIP	VENICE, FL 34293

TITLE	PD
NAME	SIMS, EDWARD
STREET ADDRESS	832 TARTAN DR
CITY-ST-ZIP	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 Block 11 if changed, 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 #