

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000425

FILED
Jan 29, 2009
Secretary of State

Entity Name: PATIOS I OF ST. ANDREWS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

810 B PINEBROOK RD
VENICE, FL 34285

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0555770 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAPRI PROPERTY MANAGEMENT
810 B PINEBROOK RD
VENICE, FL 34285 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: STD () Delete
Name: WEBB, DOUGLAS E
Address: 882 CHALMERS DR
City-St-Zip: VENICE, FL 34293

Title: VD () Delete
Name: MASSEY, FRANK
Address: 850 TARTAN DR
City-St-Zip: VENICE, FL 34293

Title: PD () Delete
Name: SIMS, EDWARD
Address: 832 TARTAN DR
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMS, EDWARD
Address: 810 B PINEBROOK RD
City-St-Zip: VENICE, FL 34285

Title: VPD (X) Change () Addition
Name: MASSEY, FRANK
Address: 810 B PINEBROOK RD
City-St-Zip: VENICE, FL 34285

Title: STD (X) Change () Addition
Name: WEBB, DOUG
Address: 810 B PINEBROOK RD
City-St-Zip: VENICE, FL 34285

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: DOUG WEBB

STD

01/29/2009

Electronic Signature of Signing Officer or Director

Date