


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

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

04-18-2008 90050 026 \*\*\*\*61.25

<b>DOCUMENT # N95000000427</b> 1. Entity Name GARDENS I OF ST. ANDREWS ASSOCIATION, INC.	
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Principal Place of Business C/O CAPRI PROPERTY MGMT. INC 810 B PINEBROOK ROAD VENICE, FL 34292	Mailing Address C/O CAPRI PROPERTY MGMT. INC 810 B PINEBROOK ROAD VENICE, FL 34292
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0556144	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CAPRI PROPERTY MANAGEMENT, INC. 810B PINEBROOK RD. VENICE, FL 34292	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSSMAN, RUTH 804 MONTROSE DR #104 VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, LORRAINE 802 MONTROSE DR., #204 VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, CHARLES W 804 MONTROSE DR. #103 VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GREEN, DEBBIE 810B PINEBROOK RD. VENICE, FL 34285
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:**  **4-15-08** **941 412 0419**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #