

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005480

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** ST. ANDREWS ISLE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4129 MELROSE CT  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

ST. ANDREWS ISLE HOMEOWNERS ASSOCIATION  
P.O. BOX 410948  
MELBOURNE, FL 32941

**New Mailing Address:**

**FEI Number:** 59-3658662      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SINGER, II, HENRY L  
4129 MELROSE CT  
MELBOURNE, FL 32940      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: DVP  
Name: GEIST, BOB  
Address: 4104 MELROSE CT.  
City-St-Zip: MELBOURNE, FL 32940

Title: TD  
Name: SINGER, HENRY L  
Address: 4129 MELROSE CT  
City-St-Zip: MELBOURNE, FL 32940

Title: PD  
Name: ROZEK, TOM  
Address: 4220 STONEY POINT RD  
City-St-Zip: MELBOURNE, FL 32940

Title: SD  
Name: DODSWORTH, BILL  
Address: 4321 STONEY POINT RD.  
City-St-Zip: MELBOURNE, FL 32940

Title: DVP  
Name: DORLING, ERNIE  
Address: 4120 MELROSE CT.  
City-St-Zip: MELBOURNE, FL 32940

I hereby 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 all other like empowered.

SIGNATURE: HENRY L. SINGER

TD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date