## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004498

FILED Feb 10, 2009 Secretary of State

Entity Name: GARDENS III OF ST. ANDREWS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

811-817 MONTROSE DR 811-815 MONTROSE DR VENICE, FL 34293 US VENICE, FL 34293 US

Current Mailing Address: New Mailing Address:

ANTARES GROUP ANTARES GROUP, INC.
4195 S. TAMIAMI TRAIL PMB 173 4195 S. TAMIAMI TR., PMB #173
VENICE, FL 34293 US VENICE, FL 34293 US

FEI Number: 59-3462593 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ANTARES GROUP INC.
530 US 41 BYPASS
UNIT 6B
VENICE, FL 34285 US

ANTARES GROUP, INC.
4195 S. TAMIAMI TR., PMB #173
VENICE, FL 37293 US

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: CYNTHIA A. KRUMENAKER 02/10/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: CARRANO, RALPH Name: ZIMMERMAN, JACK
Address: 813 MONTROSE DRIVE SUITE 204 Address: 4195 S. TAMIAMI TR., PMB #173

City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

Title: VD ( ) Delete Title: VPD (X) Change ( ) Addition Name: ZIMMERMAN, JACK Name: LUCHANSKY, JOHN

Address: 811 MONTROSE DRIVE SUITE 102 Address: 4195 S. TAMIAMI TR., PMB #173

City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

71.5-21p. VENICE, FL 34295 City-5t-21p. VENICE, FL 3429.

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition Name: MCCOSKY, DENNIS Name: FEORINO, JIM

Address: 813 MONTROSE DRIVE SUITE 104 Address: 4195 S. TAMIAMI TR., PMB #173

City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

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: CYNTHIA A. KRUMENAKER MGR 02/10/2009

Electronic Signature of Signing Officer or Director

Date