2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N97000006044

Entity Name: ST. ANDREWS AT IMPERIALAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5959 TOPHER TRAIL
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

5959 TOPHER TRAIL
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 59-3533952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, APRIL
5969 TOPNER TRAIL
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

WILLIAMS, APRIL
5959 TOPHER TRAIL
MULBERRY, FL 33860 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: APRIL WILLIAMS 02/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: GRUGRICH, KEITH
Address: 5947 TOPHER TRL
City-St-Zip: MULBERRY, FL 33860

Title: DV ( ) Delete
Name: DRIVER, RAYMOND
Address: 5923 TOPHER TRL
City-St-Zip: MULBERRY, FL 33860

Title: DS (X) Delete
Name: MALONY, PATRICK
Address: 5909 TOPHER TRAIL
City-St-Zip: MULBERRY, FL 33860

Title: DP ( ) Delete
Name: LEGGATE, JOYCE
Address: 5907 TOPHER TRAIL
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: APRIL WILLIAMS MGR 02/17/2009
Electronic Signature of Signing Officer or Director Date