

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90012 029 \*\*\*\*61.25

<b>DOCUMENT # N97000006339</b>					
<b>1. Entity Name</b> ST. ANDREWS PLACE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O MAY MANAGEMENT 475 WEST TOWN PLACE, STE 116 SAINT AUGUSTINE, FL 32092 US			<b>Mailing Address</b> C/O MAY MANAGEMENT 5455 AA SOUTH ST. AUGUSTINE, FL 32080 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3479886	
<b>Zip</b>		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MARKS, ANNA C/O MAY MGMT 5455 AA SOUTH ST. AUGUSTINE, FL 32080			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD <b>NAME</b> LUTTON, THOMAS <b>STREET ADDRESS</b> 304 ISLAND GREEN DR <b>CITY-ST-ZIP</b> SAINT AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VPD <b>NAME</b> McGiff, Peg <b>STREET ADDRESS</b> 208 ISLAND GREEN DR <b>CITY-ST-ZIP</b> SAINT AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> MUMFORD, SUSAN <b>STREET ADDRESS</b> 276 ISLAND GREEN DR <b>CITY-ST-ZIP</b> SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> EDWARDS, KAREN <b>STREET ADDRESS</b> 348 ISLAND GREEN DR <b>CITY-ST-ZIP</b> SAINT AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> Pickles, William <b>STREET ADDRESS</b> 309 Island Green Dr <b>CITY-ST-ZIP</b> St Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> VPD <b>NAME</b> McLoy, Joe <b>STREET ADDRESS</b> 241 Island Green Dr <b>CITY-ST-ZIP</b> St Augustine, FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> SD <b>NAME</b> Mathis, Joel <b>STREET ADDRESS</b> 308 Island Green Dr. <b>CITY-ST-ZIP</b> St Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Susan C. Mumford</u> <u>SUSAN C. MUMFORD, TREASURER</u> <u>1/30/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					