

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006339

FILED
Feb 16, 2010
Secretary of State

Entity Name: ST. ANDREWS PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAY MANAGEMENT
475 WEST TOWN PLACE, STE 112
SAINT AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

C/O MAY MANAGEMENT
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3479886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O MAY MANAGEMENT SERVICE, INC
5455 A1A S
ST. AUGUSTINE, FL 32080 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: T
Name: LUTTON, BARBARA
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: POWELL, VICKI
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P
Name: MUMFORD, SUSAN
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP
Name: SMITH, HELEN
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: WILSON, BOB
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: SUSAN MUMFORD

P

02/16/2010

Electronic Signature of Signing Officer or Director

Date