


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90468 018 \*\*\*\*61.25

<b>DOCUMENT # N98000004563</b> 1. Entity Name VILLAS II OF ST. ANDREWS ASSOCIATION, INC.					
Principal Place of Business C/O CAPRI PROPERTY MGMT., INC. 810B PINEBROOK RD. VENICE, FL 34292			Mailing Address C/O CAPRI PROPERTY MGMT. INC. 810 B PINEBROOK ROAD VENICE, FL 34292		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0856465				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CAPRI PROPERTY MANAGEMENT INC 810-B PINEBROOK RD VENICE, FL 34285			7. Name and Address of New Registered Agent Name <u>Grace Tosue</u> Street Address (P.O. Box Number is Not Acceptable) <u>Lighthouse Mgmt</u> <u>16 Church St</u> City <u>Osprey</u> FL Zip Code <u>34209</u>		
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.					
SIGNATURE _____ <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, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACCHI, BILL		NAME	Grace Tosue	
STREET ADDRESS	884 TARTAN DR.		STREET ADDRESS	875 Chalmers Dr.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	Venice, FL 34293	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEL, SUSAN		NAME		
STREET ADDRESS	898 TARTAN DR.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, JACK		NAME		
STREET ADDRESS	878 TARTAN DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DEBBIE		NAME		
STREET ADDRESS	810-B PINEBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	<del>Grace F</del>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <u>Grace Tosue</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-19-05</u> Daytime Phone # <u>941-966-6844</u>		