



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90204 022 \*\*\*\*61.25

<b>DOCUMENT # N98000006506</b> 1. Entity Name <b>PATIOS III OF ST. ANDREWS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CAPRI PROPERTY MGMT INC 810 B PINEBROOK ROAD VENICE, FL 34292 US</b>			Mailing Address <b>C/O CAPRI PROPERTY MGMT INC 810 B PINEBROOK ROAD VENICE, FL 34292 US</b>		
2. Principal Place of Business <b>153 Center Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>153 Center Rd</b> Suite, Apt. #, etc.			
City & State <b>Venice, FL</b>		City & State <b>Venice, FL</b>		4. FEI Number <b>65-0876768</b>	
Zip <b>34285</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAPRI PROPERTY MGMT., INC. 810B PINEBROOK RD. VENICE, FL 34292</b>				7. Name and Address of New Registered Agent Name <b>Arqus Property Mgmt</b> Street Address (P.O. Box Number is Not Acceptable) <b>153 Center Rd</b> City <b>Venice</b> <b>FL</b> Zip Code <b>34285</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. SIGNATURE <u><i>Barbara O'Challe</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIECO, ERNIE 833 CHALMERS DR VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OVERTON, CAROLYN 851 CHALMERS DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Rollins 835 Chalmers Dr. Venice, FL 34293 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALDWELL, ALAN 837 CHALMERS DR VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GREEN, DEBBIE 810B PINEBROOK RD. VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>Paul Rollins</i></u> Date <u>04/25/05</u> Daytime Phone # _____					