

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **435615** (0)

1. Corporation Name

ST. ANDREWS MANAGEMENT COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 4475 N. OCEAN BOULEVARD DELRAY BEACH FL 33483-7501	Mailing Address 4475 N. OCEAN BOULEVARD DELRAY BEACH FL 33483-7501
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3. Date Incorporated or Qualified 11/21/1973	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1482988	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**CHAPIN, ROBEDRT
1201 NE 8TH ST.
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

B1 Name	Erik E. Joh
B2 Street Address (P.O. Box Number is Not Acceptable)	4600 N. Ocean Blvd.
B3	
B4 City	Boynton Bch., FL
B5 Zip Code	33435

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/27/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLIGAN JR, THOMAS J
STREET ADDRESS	4475 N OCEAN BLVD
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	VRE
NAME	OSTHEIM, HENRY G.
STREET ADDRESS	4475 N OCEAN BLVD
CITY - ST - ZIP	DELRAY BEACH, FL 00000
TITLE	D
NAME	CARY, MRS. CHARLES
STREET ADDRESS	4475 N OCEAN BLVD
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	V
NAME	FORT, JOHN F
STREET ADDRESS	4475 N OCEAN BLVD
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	ST
NAME	SEARLE, LINDA B
STREET ADDRESS	4475 N OCEAN BLVD
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D
NAME	EASTBURN, ARTHUR M
STREET ADDRESS	4475 N OCEAN BLVD
CITY - ST - ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VRE
2.3 STREET ADDRESS	Steele, Paul J.
2.4 CITY - ST - ZIP	4475 N. Ocean Blvd Delray Bch., FL 33483
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or an appointment with an address.

SIGNATURE: *[Signature]* *[Signature]* DATE: **4/27/95** **407-776-5050**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Caldwell, Robert
1.3 STREET ADDRESS	4475 N. Ocean Blvd. 435615
1.4 CITY-ST-ZIP	Delray Bch., Fl 33483
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Enterline, Mrs. Jack W.
2.3 STREET ADDRESS	4475 N. Ocean Blvd
2.4 CITY-ST-ZIP	Delray Bch., Fl 33483
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	French, G. Ross
3.3 STREET ADDRESS	4475 N. Ocean Blvd.
3.4 CITY-ST-ZIP	Delray Bch., Fl 33483
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Peck, Rankin P
4.3 STREET ADDRESS	4475 N. Ocean Blvd.
4.4 CITY-ST-ZIP	Delray Bch., Fl 33483
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Whalen, Kenneth J.
5.3 STREET ADDRESS	4475 N. Ocean Blvd.
5.4 CITY-ST-ZIP	Delray Bch., Fl 33483
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Yake, Richard L.
6.3 STREET ADDRESS	4475 N. Ocean Blvd.
6.4 CITY-ST-ZIP	Delray Bch., Fl 33483

I am not and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further report is true and accurate and that my signature shall have the same legal effect as if made under empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name is

BY DIRECTOR

Date

Daytime Phone #