

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 736935 (8)
1. Corporation Name
ST. ANDREWS COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1555 W. 44 PLACE #355 HIALEAH FL 33012
Mailing Address: ~~1555 W. 44 PLACE #355 HIALEAH FL 33012~~

305 Alcazar Ave

3. Date Incorporated or Qualified: 09/29/1976
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1678133
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26 *305 Alcazar Ave*
22 Suite, Apt. #, etc.: 27
23 City & State: 28 *Coral Gables FL*
24 Zip: 25 Country: 29 *33134* 30 *USA*

9. Name and Address of Current Registered Agent
**VILAR PROPERTY MAG.
305 ALCAZAK AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ # (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BARRERO, MARIA
STREET ADDRESS	1555 W 44TH PL #208
CITY-ST-ZIP	HIALEAH FL
TITLE	VDD <input type="checkbox"/> DELETE
NAME	QUINTANA, MEINALDO
STREET ADDRESS	1555 W. 44TH PL, #243
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	S <input type="checkbox"/> DELETE
NAME	MALIENTE, MARIA
STREET ADDRESS	1555 W 44TH PL #372
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROTELLA, JUAN
STREET ADDRESS	1555 W 44TH PL #107
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LAMAZARES, LADISLAW
STREET ADDRESS	1555 W 4TH PL #239
CITY-ST-ZIP	HIALEAH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. BARRERO, MARIA #208
1.3 STREET ADDRESS	1555 W 44th Pl
1.4 CITY-ST-ZIP	Hialeah Fla 33012
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VDD Quintana, Meinaldo
2.3 STREET ADDRESS	1555 W 44th Pl #243
2.4 CITY-ST-ZIP	Hialeah Fla 33012
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kerman, Laura S.
3.3 STREET ADDRESS	1555 W. 44 PL # 323
3.4 CITY-ST-ZIP	Hialeah, FL 33012
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Driarte, Orlando
4.3 STREET ADDRESS	1555 W 44 PL #225
4.4 CITY-ST-ZIP	Hialeah, FL 33012
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D LAMAZARES, LADISLAW
5.3 STREET ADDRESS	1555 W 44 PL # 239
5.4 CITY-ST-ZIP	Hialeah, Fla 33012
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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria Espinosa* 4-8-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE0037 (12/95)