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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736935

1. Corporation Name

ST. ANDREWS COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1555 W. 44 PLACE #355
HIALEAH FL 33012**

Mailing Address

**305 ALCAZAR AVE
CORAL GABLES FL 33134
US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/29/1976
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1678133
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	29	30

9. Name and Address of Current Registered Agent

**VILAR PROPERTY MAG.
305 ALCAZAR 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

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRERO, MARIA	1.2 NAME	BARRERO, MARIA
STREET ADDRESS	1555 W 44TH PL #208	1.3 STREET ADDRESS	1555 W 44 PL #208
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah Fla 33012
TITLE	VDD <input type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, MEINALDO	2.2 NAME	LERMAN, LAURA J.
STREET ADDRESS	1555 W. 44TH PL. #243	2.3 STREET ADDRESS	1555 W 44 Place # B23
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	Hialeah Fla 33012
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D.T. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERMAN, LAURA J	3.2 NAME	URIARTE, ORLANDO
STREET ADDRESS	1555 W 44 PL #323	3.3 STREET ADDRESS	1555 W 44 PL #225
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Hialeah, Fla. 33012
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VRIARTE, ORLANDO	4.2 NAME	LAMAZARES, LADISLAO
STREET ADDRESS	1555 W 44 PLACE #225	4.3 STREET ADDRESS	1555 W 44 PL # 239
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	Hialeah, Fla 33012
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAZARES, LADISLAO	5.2 NAME	MARTIN OCANA
STREET ADDRESS	1555 W 4TH PL. #239	5.3 STREET ADDRESS	1555 W 44 PL #223
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	Hialeah, FLA 33012
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)