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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 09/29/1976	4. FEI Number 59-1678133	Applied For 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	

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 FL 85 Zip Code
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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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2
TITLE <input type="checkbox"/> DELETE NAME D BARRERO, MARIA STREET ADDRESS 1555 W 44TH PL #208 CITY-ST-ZIP HIALEAH FL 33012	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME DP BARRERO, MARIA 13 STREET ADDRESS 1555 W 44 PL #208 14 CITY-ST-ZIP Hialeah Fla 33012
TITLE <input type="checkbox"/> DELETE NAME VDD QUINTANA, MEINALDO STREET ADDRESS 1555 W. 44TH PL. #248 CITY-ST-ZIP HIALEAH FL 33012	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME DS LERMAN, LAURA J. 23 STREET ADDRESS 1555 W 44 Place # 823 24 CITY-ST-ZIP Nealah Fla 33012
TITLE <input type="checkbox"/> DELETE NAME S LERMAN, LAURA J STREET ADDRESS 1555 W 44 PL #323 CITY-ST-ZIP HIALEAH FL	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME DT. URIARTE, ORLANDO 33 STREET ADDRESS 1555 W 44 PL # 225 34 CITY-ST-ZIP Hialeah, Fla. 33012
TITLE <input type="checkbox"/> DELETE NAME D VRIARTE, ORLANDO STREET ADDRESS 1555 W 44 PLACE #225 CITY-ST-ZIP HIALEAH FL	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME DVP LAMAZARES, LADISLAW 43 STREET ADDRESS 1555 W 44 PL # 239 44 CITY-ST-ZIP Hialeah, Fla 33012
TITLE <input type="checkbox"/> DELETE NAME D LAMAZARES, LADISLAW STREET ADDRESS 1555 W 4TH PL. #239 CITY-ST-ZIP HIALEAH FL	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME D MARTIN OCANA 53 STREET ADDRESS 1555 W 44 PL #203 54 CITY-ST-ZIP Hialeah, FLA 33012
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: *Maria Esparrow* Date: 3/3/99 Daytime Phone # _____

CR2E037 (1/198)