

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90205 022 ****61.25

DOCUMENT # 736935

1. Entity 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**

30064343



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1678133**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VILAR PROPERTY MAG.
305 ALCAZAK AVE.
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BARRERO, MARIA	
STREET ADDRESS	1555 W 44TH PL #208	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LERMAN, LAURA J	
STREET ADDRESS	1555 W 44 PL #323	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VRIARTE, ORLANDO	
STREET ADDRESS	1555 W 44 PLACE #225	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LAMAZARES, LADISLAO	
STREET ADDRESS	1555 W 4TH PL. #239	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	URIARLE, ERNESLINA	
STREET ADDRESS	1555 W 44 CT #343	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

Maria Barrero
MARIA BARRERO

2/13/03 305-447-9091

CR2E037 (10/02)