


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90386 016 ****61.25

DOCUMENT # 740868					
1. Entity Name ST. ANDREWS FAIRWAYS CONDOMINIUM II ASSOCIATION, INC. N					
Principal Place of Business 4475 N.OCEAN BLVD. 4475 NORTH OCEAN BLVD. DELRAY BEACH, FL 33483-7501			Mailing Address 4475 N.OCEAN BLVD. 4475 NORTH OCEAN BLVD. DELRAY BEACH, FL 33483-7501		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2010108	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOH, ERIK E 4600 NR OCEAN BLVD BOYNTON BEACH, FL 33483			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPA	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARD, FRANCIS		NAME		
STREET ADDRESS	4475 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEMBROSKI, KATHERINE		NAME		
STREET ADDRESS	4475 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWEN, PATRICIA		NAME	T/D	
STREET ADDRESS	4475 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, GEORGIA		NAME		
STREET ADDRESS	4475 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SPAFFORD, ELLIOT		NAME	V/D	
STREET ADDRESS	4475 N OCEAN BLVD		STREET ADDRESS	JOSEPH BENOIT	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	4475 N. OCEAN BLVD	
TITLE		<input type="checkbox"/> Delete	TITLE	AT/D	<input type="checkbox"/> Change
NAME			NAME	PHYLISS EASTBURN	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	4475 N. OCEAN BLVD	
CITY-ST-ZIP			CITY-ST-ZIP	DELRAY BEACH, FL 33483	
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: <u>Francis Richard</u>		Date: <u>4/14/04</u>		Daytime Phone #: <u>(561) 266 5711</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					