

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 # 765229 (0)
1. Corporation Name
ST. ANDREWS COUNTRY CLUB, INC.



Principal Place of Business
**17557 CLARIDGE OVAL WEST
BOCA RATON FL 33496**

Mailing Address
**17557 CLARIDGE OVAL WEST
BOCA RATON FL 33496**

3. Date Incorporated or Qualified
09/29/1982

3a. Date of Last Report
05/30/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2000688		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

**GRUNWALD, HARVEY
17557 CLARIDGE OVAL W
BOCA RATON FL 33496**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWALD, STEVEN I.	1.2 NAME	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	SEE ATTACHED
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, ALVIN	2.2 NAME	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	2.3 STREET ADDRESS	LIST FOR
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADAN, ROBERT W	3.2 NAME	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	3.3 STREET ADDRESS	CURRENT OFFICERS
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELRAD, MARTIN H.	4.2 NAME	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	4.3 STREET ADDRESS	AND DIRECTORS
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPRIN, BARRY L.	5.2 NAME	
STREET ADDRESS	17557 CLARIDGE OVAL WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MARSHALL	6.2 NAME	
STREET ADDRESS	17557 CALRIDGE OVAL WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN ELRAD - TREASURER

3/11/96

487-1110

Date

Daytime Phone #

CR2E037 (12/95)

13.		CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1	TITLE	P/D
1.2	NAME	ALVIN BERMAN
1.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
1.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
2.1	TITLE	EVP/D
2.2	NAME	ROBERT W. MADAN
2.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
2.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
3.1	TITLE	VP/D
3.2	NAME	ELLIOT BRODY
3.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
3.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
4.1	TITLE	T/D
4.2	NAME	MARTIN H. ELRAD
4.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
4.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
5.1	TITLE	S/D
5.2	NAME	PETER FELDMAN
5.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
5.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
6.1	TITLE	D
6.2	NAME	FRAN BUTWIN
6.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
6.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
7.1	TITLE	D
7.2	NAME	STUART FLAUM
7.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
7.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
8.1	TITLE	D
8.2	NAME	ALLEN GITLIN
8.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
8.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
9.1	TITLE	D
9.2	NAME	STEVEN I. GREENWALD
9.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
9.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
10.1	TITLE	D
10.2	NAME	MARVIN KOGOD
10.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
10.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
11.1	TITLE	D
11.2	NAME	WILLIAM KONDLA
11.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
11.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
12.1	TITLE	D
12.2	NAME	MARSHALL SILVERMAN
12.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
12.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
13.1	TITLE	D
13.2	NAME	PETER SCHLESINGER
13.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
13.4	CITY-ST-ZIP	BOCA RATON , FL. 33496