

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 02 1997 8:00am
Secretary of State

DOCUMENT # 765229 (0)

1. Corporation Name

ST. ANDREWS COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

17557 CLARIDGE OVAL WEST
BOCA RATON FL 33496

17557 CLARIDGE OVAL WEST
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1982

3a. Date of Last Report

03/18/1996

4. FEI Number

59-2000688

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME GREENWALD, STEVEN I.
STREET ADDRESS 17557 CLARIDGE OVAL WEST
CITY-ST-ZIP BOCA RATON FL

TITLE PD ☐ DELETE

NAME BERMAN, ALVIN
STREET ADDRESS 17557 CLARIDGE OVAL WEST
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE

NAME MADAN, ROBERT W
STREET ADDRESS 17557 CLARIDGE OVAL WEST
CITY-ST-ZIP BOCA RATON FL

TITLE TD ☐ DELETE

NAME ELRAD, MARTIN H.
STREET ADDRESS 17557 CLARIDGE OVAL WEST
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE

NAME SILVERMAN, MARSHALL
STREET ADDRESS 17557 CALRIDGE OVAL WEST
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (4/97)

13.	CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1	TITLE	P/D
1.2	NAME	MARTIN ELRAD ✓
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	FRAN GOLDEN ✓
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	GERARD FISHER
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	HARVEY FLOMENHOFT
5.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
5.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
6.1	TITLE	D
6.2	NAME	ARVEN ARONIN
6.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
6.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
7.1	TITLE	D
7.2	NAME	ALVIN BERMAN ✓
7.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
7.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
8.1	TITLE	D
8.2	NAME	SHIRLEY DAVIS
8.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
8.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
9.1	TITLE	D
9.2	NAME	STUART FLAUM
9.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
9.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
10.1	TITLE	D
10.2	NAME	ALLEN GITLIN
10.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
10.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
11.1	TITLE	D
11.2	NAME	STANLEY GREENBAUM
11.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
11.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
12.1	TITLE	D
12.2	NAME	WILLIAM KONDLA
12.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
12.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
13.1	TITLE	D
13.2	NAME	MARVIN SCHILLER
13.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
13.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
14.1	TITLE	D
14.2	NAME	SIDNEY SHNEIDER
14.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
14.4	CITY-ST-ZIP	BOCA RATON , FL. 33496