

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16771 (0)

1. Corporation Name

ST. ANDREWS AT GOLFVIEW CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

P.O. BOX 061289
FORT MYERS FL 33906-8289P.O. BOX 061289
FORT MYERS FL 33906-12893. Date Incorporated or Qualified
09/12/19863a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 14849 Hole-In-One Circle

26 14849 Hole-In-One Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 Fort Myers, FL

28 Fort Myers, FL

Zip

Country

Zip

Country

24 33919-7147

25 USA

29 33919-7147

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLECK, ARTHUR
407 PARKWAY CT., S.W.
FORT MYERS FL 33919

81 Name

Dennis Catoe

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

83 5732 Sandpiper Place S W

84 City

Fort Myers

85 FL

86 Zip Code
33919

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 provisions 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

Dennis Catoe

4-8-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE
NAME KNACK, WILLIAM
STREET ADDRESS 14831 HOLE-IN-ONE CIR SW #208
CITY-ST-ZIP FT MYERS FL1.1 TITLE VD ☐ Change ☒ Addition
1.2 NAME Barry Humble
1.3 STREET ADDRESS 14831 Hole-In-One Circle 305
1.4 CITY-ST-ZIP Fort Myers, FL 33919TITLE STD ☒ DELETE
NAME SHEA, OLGA
STREET ADDRESS 14831 HOLE-IN-ONE CIRCLE, S.W. #101
CITY-ST-ZIP FT. MYERS FL2.1 TITLE STD ☐ Change ☒ Addition
2.2 NAME Pat Urato
2.3 STREET ADDRESS 14831 Hole-In-One Circle 102
2.4 CITY-ST-ZIP Fort Myers, FL 33919TITLE PD ☐ DELETE
NAME DUFFEY, TOM
STREET ADDRESS 14831 HOLE-IN-ONE CIRCLE, S.W. #205
CITY-ST-ZIP FT. MYERS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME SHARKEY, JOY
STREET ADDRESS 14831 HOLE IN ONE CIRCLE SW. #104
CITY-ST-ZIP FT MYERS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME POIRIER, EDOUARD
STREET ADDRESS 14831 SW HOLE-IN-ONE CIR
CITY-ST-ZIP FT MYERS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
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 typed or printed name of signing officer or director
Thomas Duffey

4/8/97

Daytime Phone # 0056173

CR2E037 (9/96)