

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35409

1. Entity Name

ST. ANDREWS GLEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O KERRY FIN  
7500 ST. ANDREWS ROAD  
LAKE WORTH FL 33467

Mailing Address

C/O KERRY FIN  
7500 ST. ANDREWS ROAD  
LAKE WORTH FL 33467-1300

2. Principal Place of Business

LAKE WORTH FLORIDA  
7500 ST ANDREWS ROAD

3. Mailing Address

7500 ST ANDREWS ROAD  
Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH FLORIDA

4. FEI Number

65-0167580

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FINN, KERRY  
7500 ST. ANDREWS ROAD  
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name: ELI S. MYERS  
Street Address (P.O. Box Number is Not Acceptable): 7601 MACKENZIE COURT  
City: LAKE WORTH FL Zip Code: 33467

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FINN, KERRY	
STREET ADDRESS	7500 ST. ANDREWS RD.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RUSSELL, SUSAN	
STREET ADDRESS	7500 ST. ANDREWS ROAD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	JARRELL, MARK	
STREET ADDRESS	7500 ST. ANDREWS ROAD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ELI S MYERS	
STREET ADDRESS	7500 ST ANDREWS ROAD	
CITY-ST-ZIP	LAKE WORTH FLORIDA 33467	
TITLE	NICK CASTORO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BRIAN ROCHE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
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)(l), 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 lists empowered.

SIGNATURE:

SIGNATURE OF ELI S MYERS

ELI S MYERS

5d-965-6067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED  
May 02, 2000 8:00 am  
Secretary of State

01-25-2000 90119 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE