2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765229

Entity Name: ST. ANDREWS COUNTRY CLUB, INC.

Current Principal Place of Business:

17557 CLARIDGE OVAL WEST BOCA RATON, FL 33496

Current Mailing Address:

17557 CLARIDGE OVAL WEST BOCA RATON, FL 33496

FEI Number: 59-2000688

Name and Address of Current Registered Agent:

SORENSEN, PATRICIA D ST. ANDREWS COUNTRY CLUB, INC. 17557 CLARIDGE OVAL WEST BOCA RATON, FL 33496 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Direc	ctor Detail :		
Title	PRESIDENT, DIRECTOR	Title	EXECUTIVE VP, TREASURER, DIRECTOR
Name	IRWIN, STEVE	Name	GALLATIN, RONALD
Address	17557 CLARIDGE OVAL WEST	Address	17557 CLARIDGE OVAL WEST
City-State-Zip:	BOCA RATON FL 33496		
		City-State-Zip:	BOCA RATON FL 33496
Title	EXECUTIVE VP, DIRECTOR	Title	EXECUTIVE VP, SECRETARY,
Name	ALTSCHUL, LARRY		DIRECTOR
Address	17557 CLARIDGE OVAL WEST	Name	FLORIDO, HUGO
City-State-Zip:	BOCA RATON FL 33496	Address	17557 CLARIDGE OVAL WEST
		City-State-Zip:	BOCA RATON FL 33496
Title	COO		
Name	MARTIN, CRAIG COO	Title	DIRECTOR
Address	17557 CLARIDGE OVAL WEST	Name	GROSSBARD, ARTHUR
City-State-Zip:	BOCA RATON FL 33496	Address	17557 CLARIDGE OVAL
		City-State-Zip:	BOCA RATON FL 33497
Title	CFO		
Name	SORENSEN, PAT	Title	DIRECTOR
Address	17557 CLARIDGE OVAL	Name	MILICH, ROBIN
City-State-Zip:	BOCA RATON FL 33437	Address	17557 CLARIDGE OVAL WEST
-		City-State-Zip:	BOCA RATON FL 33496

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE:	PAT	SORE	INSE	N			CFO	03/27/2018

Electronic Signature of Signing Officer/Director Detail

FILED Mar 27, 2018 Secretary of State CC2003430162

Date

Date

Officer/Director Detail Continued :

Title	EXCUTIVE VP, D
Name	RICE, ED
Address	17557 CLARIDGE OVAL
City-State-Zip:	BOCA RATON FL 33496
Tide	
Title	VPD
Name	HALPERN, HOWARD
Address	17557 CLARIDGE OVAL
City-State-Zip:	BOCA RATON FL 33496
Title	EXECUTIVE VP, D
Name	ROSS, DAVID
Address	17557 CLARIDGE OVAL
City-State-Zip:	BOCA RATON FL 33496

Title	DIRECTOR
Name	SPEIER, JANYCE
Address	17557 CLARIDGE OVAL
City-State-Zip:	BOCA RATON FL 33496
Title	VPD
Title Name	VPD LIEBMAN, ELLEN