

**2019 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SORENSEN, PATRICIA D  
ST. ANDREWS COUNTRY CLUB, INC.  
17557 CLARIDGE OVAL WEST  
BOCA RATON, FL 33496 US*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

Date

**Officer/Director Detail :**

Title VP  
Name IRWIN, STEVE  
Address 17557 CLARIDGE OVAL WEST  
City-State-Zip: BOCA RATON FL 33496

Title TREASURER  
Name ALTSCHUL, LARRY  
Address 17557 CLARIDGE OVAL WEST  
City-State-Zip: BOCA RATON FL 33496

Title VP  
Name GROSSBARD, ARTHUR  
Address 17557 CLARIDGE OVAL  
City-State-Zip: BOCA RATON FL 33497

Title DIRECTOR  
Name MILICH, ROBIN  
Address 17557 CLARIDGE OVAL WEST  
City-State-Zip: BOCA RATON FL 33496

Title PRESIDENT  
Name GALLATIN, RONALD  
Address 17557 CLARIDGE OVAL WEST  
City-State-Zip: BOCA RATON FL 33496

Title COO  
Name MARTIN, CRAIG COO  
Address 17557 CLARIDGE OVAL WEST  
City-State-Zip: BOCA RATON FL 33496

Title CFO  
Name SORENSEN, PAT  
Address 17557 CLARIDGE OVAL  
City-State-Zip: BOCA RATON FL 33437

Title VP  
Name RICE, ED  
Address 17557 CLARIDGE OVAL  
City-State-Zip: BOCA RATON FL 33496

**Continues on page 2**

*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:** PATRICIA SORENSEN

CFO

04/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title VP  
Name NEWMAN FRIEDMAN, ALICE  
Address 17557 CLARIDGE OVAL  
City-State-Zip: BOCA RATON FL 33496

Title VP  
Name LIEBMAN, ELLEN  
Address 17557 CLARIDGE OVAL  
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR  
Name HOFFNER, RONALD  
Address 17557 CLARIDGE OVAL  
City-State-Zip: BOCA RATON FL 33496