FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724919 **(6)**

1. Corporation Name
THE ST. ANDREWS CLUB, INC.

Principal Place of Business	Mailing Address
4475 N OCEAN BOULEVARD DELRAY BCH FL 33483	4475 N OCEAN BOULEVARD DELRAY BCH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1972
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1462400 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MCKEY, JOHN D., ESQUIRE
551 SE 8TH ST.
DELRAY BEACH FL 33444

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VTD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MOONAN, WILLIAM	1.2 NAME		
STREET ADDRESS	4475 N. OCEAN BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL, JOHN A.	2.2 NAME		
STREET ADDRESS	4475 N. OCEAN BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	RICHARD, FRANCIS	3.2 NAME		
STREET ADDRESS	4475 N. OCEAN BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000	3.4 CITY-ST-ZIP		
TITLE	~~PD~~	4.1 TITLE	D	☒ Change ☐ Addition
NAME	YAKE, RICHARD L.	4.2 NAME		
STREET ADDRESS	4475 N. OCEAN BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000	4.4 CITY-ST-ZIP		
TITLE	~~D~~	5.1 TITLE	STD	☒ Change ☐ Addition
NAME	~~ASHBAUGH, RUSSELL G.~~	5.2 NAME	BONE, BRUCE C.	
STREET ADDRESS	~~4475 N. OCEAN BLVD.~~	5.3 STREET ADDRESS	4475 N. OCEAN BLVD.	
CITY-ST-ZIP	~~DELRAY BCH, FL 00000~~	5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	~~SD~~	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	HETHERINGTON, ROBERT F. DR.	6.2 NAME		
STREET ADDRESS	4475 N. OCEAN BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] assistant secretary Apr 18, 95 407-272-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANCIS RICHARD

6511A03