## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

1. Corporation	MENI# /2491;	9 (6)				
THE ST	. Andrews Club, Inc.				) : 0 0 1 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1	A KAN BIĞIR AKAN BIRK AKAN GIRIN AKAN KAN
D:I 0		A 4 10				
Principal Place of Business Mailing Address						4 1217 \$1\$11 \$1511 \$1511 \$1511 \$1511 \$1511 \$251
4475 N OCEAN DELRAY BCH FI	= = = :	4475 N OCEAN BOULEVARD DELRAY BCH FL 33483-7508				
					3. Date Incorporated or Qualified 12/01/1972	3a. Date of Last Report 04/10/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-1482400	Applied For
Suite, Apt #, etc		Suite, Apt. #, etc.		39 1402400	Not Applicable	
22		27		<ol><li>Certificate of Status Desired</li></ol>	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	·		8. This corporation has liability for intangible tax under s. 199.032,	
24	9. Name and Address of Currer	29	30			☐ Yes ☐ No
	9. Name and Address of Correc	ir vadistasan võetir	81	Name	10. Name and Address of New R	egistered Agent
MCKEY	JOHN D., ESQUIRE					
551 SE 8TH ST.			82	Street	Address (P.O. Box Number is Not Accepta	able)
DELRAY	BEACH FL 33444		83	3		
			84	City		FL B5 Zip Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the abov	ve-named	corporation submits this statement for the	purpose of changing its registered
agent. I ar	n familiar with, and accept the oblig	ations of, Section 617.0503, F	aumonzea d Iorida Statute	oy the corp es.	corporation submits this statement for the poration's board of directors. I hereby according to the control of the corporation's posterior of the corporation of the	apt the appointment as registered
SIGNATURE _						
	Signature, typed or printed name of registered age			gent signature	e required when reinstating)	DATE
12.	PD OFFICERS AN	D DIRECTORS  DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	MOONAN, WILLIAM	breene	1.2 NAME		D	A change Las Adultion
STREET ADDRESS	4475 N. OCEAN BLVD.			T ADDRESS		
CITY - ST - ZIP	DELRAY BCH, FL 00000		1.4 CITY-			
TITLE	D	DELETE 2.1		<del></del>	70	Change Addition
NAME	LIBER ADDRESS		2.2 NAME		MACKENZIE, CLARI 4475 N. OCEAN E DELRAY BEACH, FL.	X E.
STREET ADDRESS	AATE NI OOFAN DIAM			T ADDRESS	4475 N. OCEAN E	BLVD
CITY-ST-ZIP	DELRAY BCH. FL 2.40		2. 4 CITY-		DELRAY BEACH FL.	<i>33483</i>
TITLE	AS	☐ OELETE	3.1 TITLE	,		Change Addition
NAME	RICHARD, FRANCIS		3.2 NAM			
STREET ADDRESS	4475 N. OCEAN BLVD.		3.3 STREE	T ADDRESS		
CiTY-ST-ZIP	DELRAY BCH, FL 00000		3.4. CITY-	-ST-ZIP		
TITLE	D	<b>⊠</b> DEL€TE	4.1 TITLE		YD LOUIS LOUIS	Change X Addition
NAME	YAKE, RICHARD L.		4. 2 NAMI	E	MORENCY HAROLD	, D
STREET ADDRESS	4475 N. OCEAN BLVD.		4.3 STREE	T ADDRESS	4475 N. OCEAN BLV	221102
CITY-ST-ZIP	DELRAY BCH, FL 00000	L Contract	4.4 CITY-		DELRAY BEACH, FL	4
TITLE	STD	DELETE	5.1 TITLE		PD	Change Addition
NAME	BONE, BRYCE C.		5.2 NAME			
STREET ADDRESS	4475 N. OCEAN BLVD.			T ADDRESS	·	
CITY-ST-ZIP	DELRAY BEACH FL VD	<b>Z</b> OELETE	5.4 CITY -		·	Characa XX Appareira
TITLE	HETHERINGTON, ROBERT F.	•	6.1 TITLE			☐ Change 🔀 Addition
NAME STORES ADDRESS	AA75 N. OCEAN BIVO	Un.	6.2 NAME		HATCH NANCY	סע

CITY-SI-ZIP DELRAY BCH, FL 00000

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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address. **SIGNATURES** 

**FILED** 

Apr 23 1997 8:00am

Secretary of State