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

NONPROFIT **CORPORATION** ANNUAL REPORT



### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # 724919 1. Corporation Name

THE ST. ANDREWS CLUB, INC.

# **FILED** Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90097 020 \*\*\*\*61.25

Principal Place of Business			Mailing Address					
4475 N OCEAN BOULEVARD DELRAY BCH FL 33483			4475 N OCEAN BOULEVARD DELRAY BCH FL 33483					
								11 81811 1981
		•						
Ь-,	3	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 12/01/1972		
21		** - * -	26 Suite Ant II etc			4. FEI Number	T And	olied For
Щ	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1482400	<del> </del>	Applicable	
22	City & Stat		City & State			00 11102100	\$8.75 A	
		City & State 28				5. Certifcate of Status Desired	Fee Re	
23	Zip	Country Zip		Country		6. Election Campaign Financing	\$5.00	May Be
24	۹ '	25 29 30		٦ ,		Trust Fund Contribution	Added t	•
24	<u></u>	9. Name and Address of Currer				10. Name and Address of New Registe		
Н		100110 010 710 000 01		81	Name			
		OUN D. FOOUIDE		-		(5.0. 5. )	·	
	-	OHN D., ESQUIRE		82	Street	Address (P.O. Box Number is Not Acceptable)		
	551 SE 81	IH SI.		83	<del>                                     </del>			
ŀ	DELRAY B	BEACH FL 33444					- <del>-</del>	
				84			FL 85 Zip (	
11	1. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	the abov	e-named	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	e of changing its	registered
ļ	agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 617.0503, Florid	a Statutes	ше согр 6.	oration's board of directors, I hereby accept the a	ppomunicin as re	,,,,,,,,,
ا و	GNATURE							
L		Signature, typed or printed name of registered age			nt signature r	equired when reinstating) DAT		DC IN 12
12			ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		Addition
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14: I 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 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, with all other like empowered.

SIGNATURE: