

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90368 004 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     |                                                                           |                                                                                                                                      |                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>DOCUMENT # 724919</b><br>1. Entity Name<br><b>THE ST. ANDREWS CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     |                                                                           |                                                     |                                                                            |
| Principal Place of Business<br><b>4475 N OCEAN BOULEVARD<br/>DELRAY BCH, FL 33483</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                     | Mailing Address<br><b>4475 N OCEAN BOULEVARD<br/>DELRAY BCH, FL 33483</b> |                                                                                                                                      |                                                                            |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                 |                                                                                                                                      |                                                                            |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                     | City & State                                                              |                                                                                                                                      |                                                                            |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | Country                                                                             |                                                                           | 4. FEI Number<br><b>59-1482400</b>                                                                                                   |                                                                            |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                                                     |                                                                           | Applied For<br>Not Applicable                                                                                                        |                                                                            |
| 6. Name and Address of Current Registered Agent<br><b>MCKEY, JOHN D., ESQUIRE<br/>551 SE 8TH ST.<br/>DELRAY BEACH, FL 33444</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     |                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                            |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                                                     |                                                                           |                                                                                                                                      |                                                                            |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                                                     |                                                                           |                                                                                                                                      |                                                                            |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                           | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                               |                                                                            |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                     |                                                                           |                                                                                                                                      |                                                                            |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>              |                                                                                                                                      |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>DONCASTER, DAVID<br>4475 N OCEAN BLVD<br>DELRAY BEACH, FL 33483     | <input checked="" type="checkbox"/> Delete                                          |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | P/D<br>PETER P. THURBER<br>4475 N. OCEAN BLVD.<br>DELRAY BEACH, FL 33483   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     |                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                         |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>LOWDEN, STEPHENS B.<br>4475 N. OCEAN BLVD.<br>DELRAY BCH., FL 33483 | <input checked="" type="checkbox"/> Delete                                          |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | V/D<br>WALLACE C. DOUD<br>4475 N. OCEAN BLVD<br>DELRAY BEACH, FL 33483     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     |                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                         |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS<br>RICHARD, FRANCIS<br>4475 N. OCEAN BLVD.<br>DELRAY BCH, FL 00000,    | <input type="checkbox"/> Delete                                                     |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | V/D<br>F. ALLEN WEISENFLUH<br>4475 N. OCEAN BLVD<br>DELRAY BEACH, FL 33483 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     |                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                         |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>PATON, ELIZABETH M<br>4475 N. OCEAN BLVD.<br>DELRAY BEACH, FL 33483  | <input checked="" type="checkbox"/> Delete                                          |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | T/D<br>S. ALLEN HEININGER<br>4475 N. OCEAN BLVD<br>DELRAY BEACH, FL 33483  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     |                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                         |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>FOLTZ, E H<br>4475 N. OCEAN BLVD.<br>DELRAY BEACH, FL 33483         | <input checked="" type="checkbox"/> Delete                                          |                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | S/D<br>JANE CHANDLER<br>4475 N. OCEAN BLVD<br>DELRAY BEACH, FL             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     |                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                         |                                                                            |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                           |                                                                                     |                                                                           |                                                                                                                                      |                                                                            |
| <b>SIGNATURE:</b> <u>Francis Richard</u> <i>antiSecretary</i> 4/14/04 <b>561-2665711</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                     |                                                                           |                                                                                                                                      |                                                                            |

14004497



04132004 Chg-NP CR2E037 (10/03)

\$8.75 Additional  
Fee Required