2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #724919 1. Entity Name THE ST. ANDREWS CLUB, INC.



Principal Place of Business							GOO WE	TELS.						
Surie. Apt. #, etc. Cay & State City & City & State City &	4475 N OCE	AN BOULEV	/ard	4475 N OCEAN BOULEVARD				40047958						
Surie. Apt. #, etc. Cay & State City & City & State City & City & State														
City & State Country Country Country S. Certificate of Status Desired S. Certificate of Statu	2. Principal Place of Business				3. Mailing Address							NUN ULI USU	!!B1 E1 1881	
September Sept	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				03152006 _C	hg-NP	CR2E037	7 (11/05)			
S. Certificate of Status Desired Fee Required	City & State			City & State						00			<u>. </u>	
TENNYSON, ROD ESO 1450 CENTREPARK BLVD., STE 100 WEST PALM BEACH, FL 33401 City FL Zip Code City FL 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, power or present agent are of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2006 10. CFFICERS AND DIRECTORS 11. ADDITIONS/Or-ANGES TO OFFICERS AND DIRECTORS IN 10 TITLE INVE THURBER, PETER THURBER	Zip Country			Zip		untry								
TENNYSON, ROD ESO 1450 CENTREPARK BLVD, STE 100 WEST PALM BEACH, FL 33401 City FL Zip Code		6. Name	and Address of Current	Registere	d Agent	gent			7. Name and Address of New Registered Agent					
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	TENNYSON ROD ESO						Name							
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 Signature, typed or pursed name of registered agent and title if applicable. (NOTE Hegistered Agent separate incurred when reinstalling) (NOTE Hegistered Agent separate incurred when reinstallin	1450 CENTREPARK BLVD., STE 100						Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
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 Signature, typed or pursed name of registered agent and late if applicable. (NOTE Registered Agent separative required when rentation;) DATE							City							
SIGNATURE Signature Indicate Indicate							City	FL Zip Code						
Signature, hybord on printed name of legistered agent and time of legistered Agent appearant recursed when reinstancy) CATE														
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PD														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions confained in Chapter 119. 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.

SIGNATURE: __

(GEDFFREY W. Hume) 3/22/06 SIGNATURE AND TYPED ASPIRITED NAME OF SIGNING OFFICER OR DIRECTOR

541)216-5712

FILED Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90126 019 ****61.25