

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **727752** (8)

1. Corporation Name
ST. ANDREWS FAIRWAYS, INC.



Principal Place of Business: **4475 NORTH OCEAN BOULEVARD DELRAY BEACH FL 33483-7501**
Mailing Address: **4475 NORTH OCEAN BOULEVARD DELRAY BEACH FL 33483-7501**

3. Date Incorporated or Qualified: **10/15/1973**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1510793**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
JOH, ERIK E
4600 N OCEAN BLVD
BOYNTON BEACH FL 33483

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE: P <input type="checkbox"/> DELETE	CALDWELL, ROBERT C
NAME:	4475 N OCEAN BLVD
STREET ADDRESS:	DELRAY BEACH FL
CITY-ST-ZIP:	
TITLE: VP <input type="checkbox"/> DELETE	FRENCH, ROSS G
NAME:	4475 N OCEAN BLVD
STREET ADDRESS:	DELRAY BEACH FL
CITY-ST-ZIP:	
TITLE: ST <input type="checkbox"/> DELETE	ENTERLINE, MRS. JACK
NAME:	4475 N. OCEAN BLVD
STREET ADDRESS:	DELRAY BEACH FL
CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	FRENCH, WILLIAM T
NAME:	4475 N OCEAN BLVD
STREET ADDRESS:	DELRAY BEACH FL
CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	RENGEL, JOSEPH C
NAME:	4475 N OCEAN BLVD
STREET ADDRESS:	DELRAY BEACH FL
CITY-ST-ZIP:	
TITLE: AT <input type="checkbox"/> DELETE	STEELE, PAUL J
NAME:	4475 N OCEAN BLVD
STREET ADDRESS:	DELRAY BCH FL
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME:	
13 STREET ADDRESS:	
14 CITY-ST-ZIP:	
21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME:	
23 STREET ADDRESS:	
24 CITY-ST-ZIP:	
31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME:	
33 STREET ADDRESS:	
34 CITY-ST-ZIP:	
41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	000001847630
52 NAME:	-06/03/96--01030--045
53 STREET ADDRESS:	***61.25
54 CITY-ST-ZIP:	
61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	ce 5/1/96
62 NAME:	
63 STREET ADDRESS:	
64 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 in an attachment with an address.

SIGNATURE: Paul J. Steele Paul J. Steele 4-29-96 407-272-5050
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)