

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2008
Secretary of State**

DOCUMENT# 727752

Entity Name: ST. ANDREWS FAIRWAYS, INC.

Current Principal Place of Business:

4475 N. OCEAN BLVD.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

4475 N. OCEAN BLVD.
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-1510793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENNYSON, ROD P.A.
1450 CENTREPARK BLVD.
SUITE 100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: BARTON, META P
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete
Name: FOLTZ, C. HENRY
Address: 4475 N. OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD () Delete
Name: WALCOTT, EUSTIS
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: AVP () Delete
Name: HUME, GEOFFREY W
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BONE, BRUCE
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY W. HUME

AVP

04/24/2008

Electronic Signature of Signing Officer or Director

Date