NOT-FOR-PROFIT CORPORATION

FILED Jul 09, 2002 8:00 am

UN	ILOKW BOSINE	35 KEPUKI	(UBK)		100,2002		
DOCUMENT# 733031					Secretary of State 07-09-2002 90024 018 ****70.00		
SAINT ANDREW TOWERS RESIDENTS ASSM							
ו איורוכ			-1410	7.3. ()			
	(S.A.T.	K.H.)					
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D(O NOT WRITE	IN THIS SPA	ACE				
				, .			
Principal Place of Business 3. Mailing Address			λομ Λ.	,			
ST. AN	<u> </u>	2700 N.W. 994 AVE.			DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.					DO NOT WHITE IN THIS SE	AOL .	
¿City & State		City & State		4. FEI Number		Applied For	
		CORAL SPRINGS FL				Not Applicable	
Zip	Country	33065	Country	5. Certificate of Sta		8.75 Additional ee Required	
		-		7. Name and Addre	s of Current Registered A	gent	
			IRMA J. S	MA J. STARBIRD			
	DO_NOT_W	RITE	ress (P.O. Box Number is N	ot Acceptable)	, c		
IN THIS SPACE				700 N.W. 9718 HVE			
IIA LLIID OLVOF			City of	APT. 315-H			
			City C c	CORAL Springs FL 33065			
8. The above nan	ned entity submits this statement for	the purpose of changing its re	gistered office or re	gistered agent, dr both, in t	he state of Florida:		
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SIGNATURE J	ma 4 () Latte	Ad TRESIDEN		<u>7-5</u>	· <i>02</i>		
	ature, typed or punied name of registered agent a	nd title if applicable. (NOTE: R	Registered Agent signature	required when reinstating)	DATE		
	<u> </u>				Market Observation	Principle 4s	
FEE IS \$61.25 9. Election Campa Initial or Amended UBR Trust Fund Control				\$5.00 May Be Added to Fees Make Check Payable to Department of State		7	
ını	tial or Amended UBK			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Doparanon		
10.	OFFICERS AND DIR	ECTORS					
TITLE	ICE PRESIDEN	Π.	, TITLE, NAME			E037B (12/01	
NAME STREET ADDRESS	RMA COMAS 2700 N.W. 99th.	D.12 Por 32/:4				B (1)	
CITY-ST-ZIP	ORAL SPRINGS	FL-330 65	CITY-ST-ZIP	* *	-		
TITLE	'REAS <u>u</u> re R. '		TITLE			CRZE	
, •	ARRY BROMLEY	- ADT 302-B	NAME STREET ADDRESS		·	O	
CITY CT 7ID	100 N.W. 99# AV	E APT. 302-B	CITY-ST-ZIP		*		
	ECRETARY	1 <u></u>	TITLE			*/* ×	
	UAAABI	15 A OT 515-A	NAME		v		
STREET-ADDRESS	100-N-W-99-LA	TO 23 ACE	CITY-ST-ZIP	DO	NOT WRIT	E	
		FL 33065	TITLE				
NAME M				· IN I	IN THIS SPACE		
STREET ADDRESS 2	Z 100 14 14 11 14 E 11 1		STREET ADDRESS		•	· ·	
CITY-ST-ZIP C	ORAL SPRINGS	F1-33065	CITY-ST-ZIP		*	,	
	orad Membe Orothy Luebek	.	TITLE NAME				
STREET ADDRESS 2	700 N.W. 99#6	VE-APT. 227-13	STREET ADDRESS		-		
CITY OT 710	ORAL SPRINGS	FL-33065	CITY-ST-ZIP				
TITLE B	DARD MEMBER!		TITLE		<u></u>		
NAME CTREET ADDRESS 2	NGIE CORSO	VE . APT. 729-B	NAME . STREET ADDRESS		•		
1 -	700 N.W.942.P ORAL SDRINGS.	F. 22x45	CITY-ST-ZIP	•			
	ALTON SHEWAS		<u> </u>			414-4b	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

The property of Printer Name of Signing Officer or Directors

The printer Name of Signing Officer or Directors or Directors

The printer Name of Signing Officer or Directors or Directors

The printer Name of Signing Officer or Directors or Directors