

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90003 001 \*\*\*\*70.00

**DOCUMENT # 733031**

1. Entity Name  
**ST. ANDREWS TOWERS RESIDENTS ASSOCIATION, INC.**



Principal Place of Business  
**2700 N.W. 99TH AVE.  
APT 315-A  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**2700 N.W. 99TH AVE.  
APT 315-A  
CORAL SPRINGS, FL 33065 US**

2. Principal Place of Business **RESIDENTS ASSOCIATION**  
**ST. ANDREW TOWERS**  
Suite, Apt. #, etc.  
**2700 NW 99 AV - ATTN - OFFICE**  
City & State  
**CORAL SPRINGS**  
Zip  
**33065** Country  
**BROWARD**

3. Mailing Address **2700 NW 99 AV - ATTN - OFFICE**  
**ST. ANDREW TOWERS**  
Suite, Apt. #, etc.  
**2700 NW 99 AV - ATTN - OFFICE**  
City & State  
**CORAL SPRINGS**  
Zip  
**33065** Country  
**BROWARD**

07012004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STARBOARD, IRMA J  
2700 N.W. 99TH AVE.  
APT. # 315 A  
CORAL SPRINGS, FL 33065**

**7. Name and Address of New Registered Agent**

Name  
**Rae Whalen**  
Stre  
**2700 NW 99th Ave Apt 728B**  
City  
**Coral Springs FL 33065-4841**  
Zip Code  
**L**

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 **RAE WHALEN PRES.** *Rae Whalen, President 7/6/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMAS, IRMA 2700 NW 99TH AVE APT 326-A CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROMLEY, LARRY 2700 NW 99TH AVE APT 302-B CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORGAN, PAT 2700 NW 99TH AVE APT 515-A CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM BOUDEWYNS, MARGIE 2700 NW 99TH AVENUE APT 726-B CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM LEUBEKE, DOROTHY 2700 NW 99TH AVE APT 227-B CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM CORSO, ANGIE 2700 NW 99TH AVE APT 227-B CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. LORRAINE LELLO 2700 NW 99 AV - APT 402B CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNN DEBRECHT 2700 NW 99 AV - APT 712B CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RITA NIBLICK 2700 NW 99 AV - APT 600A CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY RILEY 2700 NW 99 AV APT #608A CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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.

**SIGNATURE**

*Lorraine Lello 7/6/04*