

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740868 (5)

1. Corporation Name
ST. ANDREWS FAIRWAYS CONDOMINIUM II ASSOCIATION, INC. N

Principal Place of Business 4475 N.OCEAN BLVD. 4475 NORTH OCEAN BLVD. DELRAY BEACH FL 33483-7501	Mailing Address 4475 N.OCEAN BLVD. 4475 NORTH OCEAN BLVD. DELRAY BEACH FL 33483-7501
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**JOH, ERIK E
4600 NR OCEAN BLVD
BOYNTON BEACH FL 33483**

3. Date Incorporated or Qualified 11/23/1977	4. FEI Number 59-2010108	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	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEELE, PAUL J	1.2 NAME	
STREET ADDRESS	4475 N OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	WHALEN, KENNETH J	2.2 NAME	Dalton, Peter J.
STREET ADDRESS	4475 N OCEAN BLVD	2.3 STREET ADDRESS	4475 N. Ocean Blvd.
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Bch., FL 33483
TITLE	ST ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	DALTON, PETER	3.2 NAME	Bee, John M.
STREET ADDRESS	4475 N OCEAN BLVD	3.3 STREET ADDRESS	4475 N. Ocean Blvd.
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Delray Bch., FL 33483
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KLINGENSMITH, WILLIAM C	4.2 NAME	
STREET ADDRESS	4475 N OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HEARD, ELENA	5.2 NAME	
STREET ADDRESS	4475 N OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SUTTON, MR JOHN B	6.2 NAME	
STREET ADDRESS	4475 N OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** 4/21/98 561-272-5050

CR2E037 (10/97)