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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740868

1. Corporation Name

ST. ANDREWS FAIRWAYS CONDOMINIUM II ASSOCIATION, INC. N

Principal Place of Business	Mailing Address
4475 N.OCEAN BLVD. 4475 NORTH OCEAN BLVD. DELRAY BEACH FL 33483-7501	4475 N.OCEAN BLVD. 4475 NORTH OCEAN BLVD. DELRAY BEACH FL 33483-7501

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 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

9. Name and Address of Current Registered Agent

JOH, ERIK E
4600 NR 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DALTON, P J		2.2 NAME		
STREET ADDRESS	4475 N OCEAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	BEE, J M		3.2 NAME		
STREET ADDRESS	4475 N OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		3.4 CITY-ST-ZIP		
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	ST	☐ Change ☒ Addition
NAME	SUTTON, MR JOHN B		6.2 NAME	Floyd, Walter I.	
STREET ADDRESS	4475 N OCEAN BLVD		6.3 STREET ADDRESS	4475 N. Ocean Blvd.	
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP	Delray BCh., Fl 33483	

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, with all other like empowered.

SIGNATURE: Paul Steele Paul J. Steele 4/11/99 561-266-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)