

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90004 048 ****61.25

DOCUMENT # 740868

1. Entity Name

ST. ANDREWS FAIRWAYS CONDOMINIUM II ASSOCIATION,

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 33483-7508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2010108

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	AT	<input type="checkbox"/> Delete
NAME	STEELE, PAUL J	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DALTON, P J	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEE, J M	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLINGENSMITH, WILLIAM C	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEARD, ELENA	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WALTER, FLOYD I	
STREET ADDRESS	4475 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moore, Georgia	
STREET ADDRESS	4475 N. Ocean Blvd.	
CITY-ST-ZIP	Delray Bch, Fl 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Searle, Linda	
STREET ADDRESS	4475 N. Ocean Blvd.	
CITY-ST-ZIP	Delray Bch, Fl 33483	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Steele
Paul J. Steele

Date

4/14/00

Daytime Phone #

561-266-5700

CR2E037 (9/99)