

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740868

FILED
Apr 24, 2008
Secretary of State

Entity Name: ST. ANDREWS FAIRWAYS CONDOMINIUM II ASSOCIATION, INC. N

Current Principal Place of Business:

4475 NORTH OCEAN BLVD.
DELRAY BEACH, FL 334837501

New Principal Place of Business:

Current Mailing Address:

4475 NORTH OCEAN BLVD.
DELRAY BEACH, FL 334837501

New Mailing Address:

FEI Number: 59-2010108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENNYSON, ROD P.A.
1450 CENTREPARK BLVD.
SUITE 100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GRAZIANO, JR, ANTHONY W
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: S () Delete
Name: HEININGER, MARGOT M
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: AVP () Delete
Name: HUME, GEOFFREY W
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: P () Delete
Name: BENOIT, JOSEPH
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: T () Delete
Name: MARTIN, PETER
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DEMBROSKI, GEORGE
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: AT () Change (X) Addition
Name: MCDEVITT, SHEILA
Address: 4475 N OCEAN BLVD
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY W. HUME

AVP

04/24/2008

Electronic Signature of Signing Officer or Director

Date