## FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90325 001 \*\*\*306.25

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740868

Entity Name

ST. ANDREWS FAIRWAYS CONDOMINIUM II ASSOCIATION, INC. N



| INC. N                      |  |                                 |  | A SOUTH           | INS          |   |                           |                          |   |
|-----------------------------|--|---------------------------------|--|-------------------|--------------|---|---------------------------|--------------------------|---|
| Principal Pla               | ce of Business   | Mailing Address                 |  | <u> </u>          |              |   |                           |                          |   |
| 4475 NORTH OCEAN BLVD. 4475 |  |                                 | 75 N.OCEAN BLVD.<br>75 NORTH OCEAN BLVD.<br>ELRAY BEACH FL. 33483-7501 |                   |              | i 188(ii 200ii 818)   |                           | FOIL DIDITE ATOM DI      | <b>a</b> il <b>aig</b> is ( <b>at</b> i |
| 2. Principal                | Place of Business  | 3. Mailing Address              |  |                   |              |   |                           |                          |   |
| Suite, Apt. #, etc.         |  | Suite, Apt. #, etc.             | Suite, Apt. #, etc.  |                   |              | ☐ CHECK HERE IF MAKING CHANGES                                  |                           |                          |   |
| City & State                |  | City & State                    | City & State   |                   |              | 4. FEI Number 59-2010108  |                           |                          | pplied For                              |
| Zip                         | Country  | Zip                             | p Country  |                   |              | 5. Certificate of Status Desired \$8.75 Additional Fee Required |                           |                          |   |
|                             | 6. Name and Address of Curren                                    | t Pegistered Agent              |  | I                 |              | 7 Name and Addr   | age of New Bouletore      |                          | <del></del>                             |
|                             | O. Ivalité alla Address di Culter                                |                                 |  | Name              |              | 7. Italile allu Auur  | ess of New Registered     |                          |   |
| JOH, ER                     | IK E   |                                 |  |                   |              | (P.O. Box Number is Not Acceptable)                             |                           |                          |   |
|                             | i ocean blyd<br>Yn Beach fl 33483                                |                                 |  |                   |              |   |                           |                          |   |
|                             |  |                                 |  | City              |              |   |                           | Zip Coo                  | de                                      |
|                             | e named entity submits this statement tions of registered agent. | for the purpose of changing     | its registere  | ed office or r    | registered   | d agent, or both, in t  | he State of Florida. I ar | n familiar with,         | and accept                              |
| v                           |  |                                 |  |                   |              |   |                           |                          |   |
| SIGNATURE                   | Signature, typed or printed name of registered agei              | nt and title if applicable. (No | OTE: Registere   | d Agent signature | w beniupen e | rhen reinstating)   | DATE                      |                          | <del></del>                             |
| *                           |  | 9. Election C                   | amasian E  | Inancina          |              | <b>*</b> 5 00 · ·   | Maka Cha                  | ak Davahla               | +0                                      |
| 6                           | FILE NOW: FEE IS \$61.25   |                                 | i Contributi   | -                 |              | \$5.00 May Be<br>Added to Fees                                  | Florida Depa              | ck Payable<br>ortment of |   |
| 10.                         | OFFICERS AND D   | IRECTORS                        | 11.  | <del></del> -     | Α[           | ODITIONS/CHANGE   | S TO OFFICERS AND I       | DIRECTORS IN             | V 10                                    |
| TITLE                       | VPA  | ☐ Delete                        | TITLE  | :                 | PD           |   | -marmeki                  | ☐ Change                 | Addition                                |
| NAME                        | RICHARD, FRANCIS   |                                 | NAMI   | E                 | KATI         | HERINE DE   | I NOROSKI                 |                          |   |
| STREET ADDRESS              | 4475 N OCEAN BLVD  |                                 |  |                   |              | 5 N. OCER   |                           |                          |   |
| CITY-ST-ZIP                 | DELRAY BEACH FL 33483  |                                 | CITY   | -ST-ZiP           | DELK         | PAY BEACK   | 4 FL 33483                | <u>3</u> _               |   |
| TITLE                       | PD DATEST D.   | Delete                          | TITLE  | : 1               | VPD          | CICIA OWF   | w/                        | Change                   | Addition                                |
| NAME                        | DALTON, P J  |                                 | NAM  | E                 | PATE         | N. OREAN  | BLVD.                     |                          |   |
| STREET ADDRESS              | 4475 N OCEAN BLVD  |                                 |  | ET ADDRESS        | 4475         | on deam   | 1 1 951183                | 1                        |   |
| CITY-ST-ZIP                 | DELRAY BEACH FL 33483  |                                 |  |                   |              | HY BEHCH  | 1. FL 33483               |                          |   |
| TITLE                       | VD<br>BEE, J M   | <b>∠</b> Delete                 | TITLE  |                   | TD           | TT SPAFF  | ORD                       | Change                   | <b>Addition</b>                         |
| NAME<br>STREET ADDRESS      | 4475 N OCEAN BLVD  | 4.4                             |  | ET ADORESS        | 4475         | N OCEAN   | BLVD                      | -                        |   |
| CITY-ST-ZIP                 | DELRAY BEACH FL 33483  |                                 |  | -ST-ZIP           | DELA         | PAV BEACH   | , FL 33483                | }                        |   |
| TITLE                       | D.S  | ☐ Delete                        | TITLE  |                   | <i>DC</i>    |   | 7 - 55703                 | ☐ Change                 | ☐ Addition                              |
| NAME                        | MOORE, GEORGIA   | T Delete                        | NAME   |                   |              |   |                           |                          | Addition                                |
| STREET ADDRESS              | 4475 N OCEAN BLVD  |                                 |  | ET ADDRESS        |              |   |                           |                          |   |
| CITY-ST-ZIP                 | DELRAY BEACH FL 33483  |                                 |  | -ST-ZIP           |              |   |                           |                          |   |
| TITLE                       | D  | <b>➤</b> Delete                 | TITLE  |                   |              |   | ·                         | ☐ Change                 | Addition                                |
| NAME                        | HEARD, ELENA   | <b>F</b>                        | NAMI   |                   |              |   |                           |                          |   |
| STREET ADDRESS              | 4475 N OCEAN BLVD  |                                 | STRE   | ET ADDRESS        |              |   |                           |                          |   |
| CITY-ST-ZIP                 | DELRAY BEACH FL  |                                 | CITY-  | -ST-ZIP           |              |   |                           |                          |   |
| TITLE                       | SD   | <b>⊠</b> Delete                 | TITLE  |                   |              |   |                           | ☐ Change                 | Addition                                |
| NAME                        | SEARLE, LINDA  | -                               | NAME   | £                 |              |   |                           | -                        |   |
| STREET ADDRESS              | 4475 N OCEAN BLVD  |                                 |  | ET ADORESS        |              |   |                           |                          |   |
| CITY-ST-ZIP                 | DELRAY BEACH FL 33483  |                                 | CITY-  | -ST-ZIP           |              |   |                           |                          |   |

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:

CHATTIARE CLOUDING HARNE'S KICHARD 4/18/03 (561) 266 5711

CR2E037 (10/0)