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Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746442 (3)  
1. Corporation Name  
THE SAINT ANDREW SOCIETY OF SARASOTA, INC.



Principal Place of Business Mailing Address  
P.O. BOX 2582 SARASOTA FL 34230 P.O. BOX 2582 SARASOTA FL 34230

3. Date Incorporated or Qualified  
03/26/1979

4. FEI Number 59-1900571 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent  
DENNIS, CRAIG  
850 BAYSHORE DR  
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent  
81 Name ROSE F. GILLET  
82 Street Address (P.O. Box Number is Not Acceptable) 3219 24th PARKWAY  
83  
84 City SARASOTA FL 85 Zip Code 34235

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 *Rose F. Gillet* ROSE F. GILLET, TREASURER 4-3-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VD	<input type="checkbox"/>
NAME	STUART, ANTHONY	
STREET ADDRESS	940 S DORAL WAY	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/>
NAME	MCCONNACHIE, ROBERT	
STREET ADDRESS	6007 COURTSIDE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	FELLOWS, JOHN A	
STREET ADDRESS	15 ST JOHN BLVD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	MAXWELL, MURIEL	
STREET ADDRESS	1642 LIVINGSTONE ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	DENNIS, CRAIG	
STREET ADDRESS	850 BAYSHORE DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	ARTHUR SCHULTZ		
3.3 STREET ADDRESS	55 CAYMAN ISLES BLVD.		
3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223		
4.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	BARBARA MONTGOMERY		
4.3 STREET ADDRESS	3645 GLEN OAKS MANOR DR		
4.4 CITY-ST-ZIP	SARASOTA, FL 34232		
5.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	ROSE F. GILLET		
5.3 STREET ADDRESS	3219 24th PARKWAY		
5.4 CITY-ST-ZIP	SARASOTA, FL 34235		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 *Rose F. Gillet* 4-3-98 (111) 907-1100

CR2E037 (10/97)