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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:22

DOCUMENT # 755012 (2)

1. Corporation Name

SAINT ANDREWS SOUTH GOLF CLUB, INC.

Principal Place of Business

Mailing Address

1901 DEBORAH DRIVE
PUNTA GORDA FL 33950

1901 DEBORAH DRIVE
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1980	3a. Date of Last Report 03/22/1994
4. FEI Number 59-2057048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURST, LESTER E.
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, JOHN	1.2 NAME	HARRINGTON, ROBERT
STREET ADDRESS	1750 JAMAICA WAY, APT 214	1.3 STREET ADDRESS	26316 SEMINOLE LAKE BLVD.
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33955
TITLE	VPD	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATHER, EDWIN	2.2 NAME	PRATHER, EDWIN
STREET ADDRESS	959 MESSINA DR	2.3 STREET ADDRESS	959 MESSINA DRIVE
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33950
TITLE	SD	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLISS, SHIRLEY	3.2 NAME	BLISS, SHIRLEY
STREET ADDRESS	341 SORRENTO CT	3.3 STREET ADDRESS	341 SORRENTO COURT
CITY-ST-ZIP	PUNTA GORDA, FL 00000	3.4 CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33950
TITLE	TD	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, ROBERT	4.2 NAME	MAYER, ROBERT
STREET ADDRESS	960 MESSINA DR	4.3 STREET ADDRESS	960 MESSINA DRIVE
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33950
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMAN, WILLIAM	5.2 NAME	KESSLER, JOHN
STREET ADDRESS	2645 MARION AVE #412	5.3 STREET ADDRESS	1750 JAMAICA WAY, APT. 214
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	PUNTA GORDA, FLORIDA 33950
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or a 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 the report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Robert J. Harrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95

(813) 639-5261

Date

Telephone Number