

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified  
**11/06/1980**

3a. Date of Last Report  
**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2057048**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRINGTON, ROBERT</b>	
STREET ADDRESS	<b>26316 SEMINOLE LAKE BLVD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>PRATHER, EDWIN</b>	
STREET ADDRESS	<b>959 MESSINA DR</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLISS, SHIRLEY</b>	
STREET ADDRESS	<b>341 SORRENTO CT</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAYER, ROBERT</b>	
STREET ADDRESS	<b>960 MESSINA DR</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KESSLER, JOHN</b>	
STREET ADDRESS	<b>1750 JAMAICA WAY APT 214</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jack R. Thompson</b>	
1.3 STREET ADDRESS	<b>2740 Mayaguana Ct.</b>	
1.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>David C. Thomas</b>	
2.3 STREET ADDRESS	<b>2600 Via Venito</b>	
2.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Bliss, Shirley</b>	
3.3 STREET ADDRESS	<b>341 Sorrento CT</b>	
3.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>John Elmore</b>	
4.3 STREET ADDRESS	<b>2809 LaMancha</b>	
4.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Kessler, John</b>	
5.3 STREET ADDRESS	<b>1750 Jamaica Way Apt 214</b>	
5.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*John W. Kessler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/96 (941) 639-5261**  
Date Day/Time Phone #

CR2E037 (12/95)