

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

**FILED**

**Feb 20 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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      1901 DEBORAH DRIVE  
PUNTA GORDA FL 33950      PUNTA GORDA FL 33950-8137**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/06/1980      04/03/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt #, etc.	26. Suite, Apt #, etc.	<b>59-2057048</b>	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DURST, LESTER E. 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
	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 \_\_\_\_\_ (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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRINGTON, ROBERT</b>	1.2 NAME	<b>Thompson, Jack</b>
STREET ADDRESS	<b>26316 SEMINOLE LAKE BLVD</b>	1.3 STREET ADDRESS	<b>2740 Mayaguana CT</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	1.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRATHER, EDWIN</b>	2.2 NAME	<b>Tilka, William G.</b>
STREET ADDRESS	<b>959 MESSINA DR</b>	2.3 STREET ADDRESS	<b>3329 Woodthrush DR #221</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	2.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLISS, SHIRLEY</b>	3.2 NAME	<b>Osteen, John</b>
STREET ADDRESS	<b>341 SORRENTO CT</b>	3.3 STREET ADDRESS	<b>821 Via Tunis</b>
CITY-ST-ZIP	<b>PUNTA GORDA, FL 00000</b>	3.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYER, ROBERT</b>	4.2 NAME	<b>Elmore, John</b>
STREET ADDRESS	<b>960 MESSINA DR</b>	4.3 STREET ADDRESS	<b>3800 Bal Harbor Blvd #315</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	4.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KESSLER, JOHN</b>	5.2 NAME	<b>Tilka, William G.</b>
STREET ADDRESS	<b>1750 JAMAICA WAY APT 214</b>	5.3 STREET ADDRESS	<b>3329 Woodthrush Dr #221</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	5.4 CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>
TITLE	<input type="checkbox"/> DELETE	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 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: *Jack R. Thompson*      2/10/97      DATE \_\_\_\_\_ DAYTIME PHONE # **0057580**

CR2E037 (9/96)