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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755012 (2)

1. Corporation Name
SAINT ANDREWS SOUTH GOLF CLUB, INC.



Principal Place of Business 1901 DEBORAH DRIVE PUNTA GORDA FL 33950	Mailing Address 1901 DEBORAH DRIVE PUNTA GORDA FL 33950
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3. Date Incorporated or Qualified
11/06/1980

4. FEI Number
59-2057048

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JACK	
STREET ADDRESS	2740 MAYAGUANA CT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TILKA, WILLIAM G	
STREET ADDRESS	3329 WOODTHRUSH DR., #2221	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OSTEEN, JOHN	
STREET ADDRESS	821 VIA TUNIS	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ELMORE, JOHN	
STREET ADDRESS	3800 BAL HARBOR BLVD., #315	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TILKA, WILLIAM G	
STREET ADDRESS	3329 WOODTHRUSH DR., #221	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELMORE, JOHN	
1.3 STREET ADDRESS	3800 BAL HARBOR BLVD. #315	
1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOTOS, PETER	
2.3 STREET ADDRESS	2515 VIA VENETO DRIVE	
2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OSTEEN, JOHN	
3.3 STREET ADDRESS	821 VIA TUNIS	
3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STRANG, ROBERT	
4.3 STREET ADDRESS	11 OCEAN DRIVE	
4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TILKA, WILLIAM G.	
5.3 STREET ADDRESS	3329 WOODTHRUSH DRIVE #221	
5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
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 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: *Robert A. Strang* **ROBERT A. STRANG** 1/28/98

CR2E037 (10/97)