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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 755012

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/06/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2057048

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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 VPD SOTOS, PETER DELETED STREET ADDRESS 2515 VIA VENTO DRIVE CITY-ST-ZIP PUNTA GORDA FL 33950

1.1 TITLE PD Sotos, Peter Change Addition 1.2 NAME Sotos, Peter 1.3 STREET ADDRESS 2515 Via Veneto Drive 1.4 CITY-ST-ZIP Punta Gorda FL 33950

TITLE TD STRANG, ROBERT DELETED STREET ADDRESS 11 OCEAN DRIVE CITY-ST-ZIP PUNTA GORDA FL 33950

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE SD OSTEEN, JOHN DELETED STREET ADDRESS 821 VIA TUNIS PUNTA GORDA FL 33950

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE PD ELMORE, JOHN DELETED STREET ADDRESS 3800 BAL HARBOR BLVD., #315 PUNTA GORDA FL 33950

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE D TILKA, WILLIAM G DELETED STREET ADDRESS 3329 WOODTHRUSH DR., #221 PUNTA GORDA FL 33950

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

6.1 TITLE VPD Hallman, Theresa Change Addition 6.2 NAME Hallman, Theresa 6.3 STREET ADDRESS 1361 Jacana Ct. 6.4 CITY-ST-ZIP Punta Gorda FL 33950

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-99 (941)639-5261

CR2E037 (11/98)