

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **762447** (1)

1. Corporation Name

ST. ANDREWS COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

17557 CLARIDGE OVAL W.
BOCA RATON FL 33496

17557 CLARIDGE OVAL W.
BOCA RATON FL 33496

3. Date Incorporated or Qualified

03/17/1982

4. FEI Number

59-2309237

Applied For

Not Applicable

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

25

29

30

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

10. Name and Address of New Registered Agent

KOZLOW, WARREN J
7000 WEST PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33433

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	PD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, NORMAN	
STREET ADDRESS	17557 CLARIDGE OVAL, W.	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FLOMENHOFT, HARVEY	
STREET ADDRESS	7261 QUEENFERRY CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ELROD, MARTIN	
STREET ADDRESS	6937 LAKE ESTATES COURT	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LANDAU, TED	
STREET ADDRESS	17728 BUCKINGHAM CT	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FLOMENHOFT, HARVEY	
STREET ADDRESS	17557 CLARIDGE OVAL, W.	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	LANDAU, TED	
STREET ADDRESS	17557 CLARIDGE OVAL, W.	
CITY-ST-ZIP	BOCA RATON FL 33496	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FOX, RICHARD	
1.3 STREET ADDRESS	17339 DUNEDEN COURT	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	

2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDWARD HAYMES	
2.3 STREET ADDRESS	7108 QUEENFERRY CIRCLE	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	

3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD BLACKMAN	
3.3 STREET ADDRESS	7268 QUEENFERRY CIRCLE	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	

4.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PHYLLIS TARANOW	
4.3 STREET ADDRESS	17047 CASTLEBAY COURT	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33496	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOSEPH ENDER	
5.3 STREET ADDRESS	17403 ST JAMES COURT	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33496	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LOU NUSSBAUM	
6.3 STREET ADDRESS	17440 LOM LOMOND WAY	
6.4 CITY-ST-ZIP	BOCA RATON, FL 33496	

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:

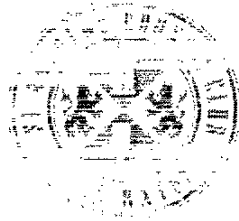
Norman Shapiro **REQUIRED**

1-22-98

CR2E037 (10/97)

ST. ANDREWS BOCA RATON

St. Andrews Country Club
Property Owners Association, Inc.
17557 Claridge Oval West
Boca Raton, Florida 33496
(561) 483-9095



ADDITIONS #13

DIRECTOR

NANCY SCHILLER

17319 ST. JAMES COURT
BOCA RATON, FL 33496

DIRECTOR

ROBERT MAIDMAN

7059 QUEENFERRY CIRCLE
BOCA RATON, FL 33496