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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 PM 8:14

DOCUMENT # 765229 (0)

1. Corporation Name
ST. ANDREWS COUNTRY CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 17557 CLARIDGE OVAL WEST<br>BOCA RATON FL 33496 | 17557 CLARIDGE OVAL WEST<br>BOCA RATON FL 33496 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1982
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2000688 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

GRUNWALD, HARVEY
17557 CLARIDGE OVAL W
BOCA RATON FL 33496

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | GREENWALD, STEVEN I. | 12 NAME | |
| STREET ADDRESS | 17557 CLARIDGE OVAL WEST | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 14 CITY-ST-ZIP | SEE ATTACHED |
| TITLE | PD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BERMAN, ALVIN | 22 NAME | |
| STREET ADDRESS | 17557 CLARIDGE OVAL WEST | 23 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 24 CITY-ST-ZIP | LIST FOR |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MADAN, ROBERT W | 32 NAME | |
| STREET ADDRESS | 17557 CLARIDGE OVAL WEST | 33 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 34 CITY-ST-ZIP | CURRENT OFFICERS |
| TITLE | TD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | ELRAD, MARTIN H. | 42 NAME | |
| STREET ADDRESS | 17557 CLARIDGE OVAL WEST | 43 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 44 CITY-ST-ZIP | AND DIRECTORS |
| TITLE | SD | 51 TITLE | ☐ Change ☐ Addition |
| NAME | HALPRIN, BARRY L. | 52 NAME | |
| STREET ADDRESS | 17557 CLARIDGE OVAL WEST | 53 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | GINSBERG, ANNIE | 62 NAME | |
| STREET ADDRESS | 17557 CLARIDGE OVAL WEST | 63 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 64 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)(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: X [signature] (MARTIN H. ELRAD - TREASURER) 5/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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| 13. | CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| 1.1 TITLE | P/D |
| 1.2 NAME | ALVIN BERMAN |
| 1.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 1.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 2.1 TITLE | EVP/D |
| 2.2 NAME | ROBERT W. MADAN |
| 2.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 2.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 3.1 TITLE | VP/D |
| 3.2 NAME | ELLIOT BRODY |
| 3.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 3.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 4.1 TITLE | T/D |
| 4.2 NAME | MARTIN H. ELRAD |
| 4.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 4.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 5.1 TITLE | S/D |
| 5.2 NAME | BARRY L. HALPRIN |
| 5.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 5.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 6.1 TITLE | D |
| 6.2 NAME | FRAN BUTWIN |
| 6.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 6.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 7.1 TITLE | D |
| 7.2 NAME | PETER FELDMAN |
| 7.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 7.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 8.1 TITLE | D |
| 8.2 NAME | STUART FLAUM |
| 8.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 8.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 9.1 TITLE | D |
| 9.2 NAME | ALLEN GITLIN |
| 9.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 9.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 10.1 TITLE | D |
| 10.2 NAME | STEVEN I. GREENWALD |
| 10.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 10.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 11.1 TITLE | D |
| 11.2 NAME | WILLIAM KONDLA |
| 11.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 11.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 12.1 TITLE | D |
| 12.2 NAME | MARVIN KOGOD |
| 12.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 12.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |
| 13.1 TITLE | D |
| 13.2 NAME | MARSHALL SILVERMAN |
| 13.3 STREET ADDRESS | 17557 CLARIDGE OVAL WEST |
| 13.4 CITY-ST-ZIP | BOCA RATON , FL. 33496 |