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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

.1999 **DOCUMENT # 765229**

1. Corporation Name

ST. ANDREWS COUNTRY CLUB, INC.

officer or director of the corporation or the rec Block 12 or Block 13 if changed, or on appetia

SIGNATURE:

Principal Place of Business 17557 CLARIDGE OVAL WEST

2. Principal Place of Business

BOCA RATON FL 33496

Mailing Address

2a. Mailing Address

17557 CLARIDGE OVAL WEST **BOCA RATON FL 33496**

FILED Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90002 050 ****70.00



3. Date Incorporated or Qualifed

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21		26	09/29/1982					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number		Applied For		
22	المسا المعيد الراب	27	فرعان المينيات	59-2000688	الحا– ر	Not-Applicable		
City & Stat	e	City & State		5. Certifcate of Status Desired	M ++	Additional.		
23		28		3. Certificate of Status Desired	Fee	Required		
Zip	Country	Zip	Country	6. Election Campaign Financing	□ \$5.0	0 May Be		
24	25	29	30	Trust Fund Contribution	Adde	d to Fees		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81 Name	Tohn Innutti				
GRUNWA	LD, HARVEY		82 Street Address (P.O. Box Number is Not Acceptable)					
	ARIDGE OVAL W				<u> </u>			
	TON FL 33496		83 17557 Chaines Out 1 145 +					
200,			84 City 17557 Clarioge Oval West 85 Zip Code					
	\wedge		So City Boo	ca Rator		3496		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508_Elorida Statutes	s, the above-named corp	oration submits this statement for the	purpose of changing	its registered		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Elorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida, Such changes as authorized by the corporation's board of directors. I hereby accept the appointment as registered								
agent. I am familiar with, and accept the political set Section 617.0503, Florida Statutes.								
SIGNATURE	Signature Moed or pristed hange of gistered agen		NO TANO Registered Agent signature require	d when reinstating)	DATE			
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12		
TITLE	PM0	☐ DELETE	1.1 TITLE		☐ Chang	ge 🔲 Addition		
NAME	CHILLER, MARVIN		1.2 NAME					
STREET ADORESS	\$557 CLARIDGE OVAL WEST		1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP	SEE ATTACH	ϵn			
TITLE	EVPD	☐ DELETE	2.1 TITLE	3 (1,,,,,,,,	Chang	e Addition		
NAME	KONDIA, WILLIAM		2.2 NAME	1				
	ATTET CHANGE OVAL WEST		2.3 STREET ADDRESS	1				
STREET ADDRESS	BOCA RATION FL 33496			1				
- CITY-ST-ZIP	VPD ~	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Chang	e		
TITLE	GEFEN, IVAN	/ Description	3.2 NAME	- 1		· –		
NAME	ATERT OF ABBOOK OVAL MICOT				÷			
STREET ADDRESS	BOCA RATON FL 33496		3.3 STREET ADDRESS	- 1				
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP		☐ Chang	e Addition		
TITLE	TD LIAVAGE COMADD	□ nere ig	4.1 TITLE	1				
NAME	HAYMES, EDWARD		4. 2 NAME	1				
STREET ADDRESS	1		4.3 STREET ADDRESS	J				
CITY-ST-ZIP	BOCA RATON FL 33496		4.4 CITY-ST-ZIP		Change	e		
TITLE	SD \	☐ DELETE	5.1 TITLE	1	☐ Chang	te Nodigou		
NAME	WITENSTEIN, JULES		5.2 NAME	1				
STREET ADDRESS		\	5.3 STREET ADDRESS	1				
CITY-ST-ZIP	BOCA RAPÓN FL 33496		5.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	6.1 TITLE	1,	Chang	ge		
NAME	Aroniń, arven	\	6.2 NAME	.1/				
STREET ADDRESS		4	6.3 STREET ADDRESS	V				
CITY-ST-ZIP	BOCA RATON FL 33496		6.4 CPTY-ST-ZIP					
14. I hereby o	14. I hereby certify that the information supplied with this filling does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information							
indicated officer or	indicated on this annual report or supplemental agreed report is true and accurate and that my supplemental have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true empowered to execute this report appreciately by Chapter 617, Florida Statutes; and that my name appears in							

12		CHANCES TO SEFICEDS AND DIDESTORS IN 10
13.	TITLE	CHANGES TO OFFICERS AND DIRECTORS IN 12
1.2	NAME	MARVIN SCHILLER
1.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
	CITY-ST-ZIP	BOCA RATON , FL. 33496
	TITLE	EVP/D
	NAME	JULES WITENSTEIN
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	IVAN GEFEN
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	EDWARD HAYMES
4.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
4.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
5.1	TITLE	S/D
I	NAME	STANLEY GREENBAUM
5.3	_STREET ADDRESS	17557 CLARIDGE OVAL WEST
	CITY-ST-ZIP	BOCA RATON , FL. 33496
	TITLE	D
6.2	NAME	ARVEN ARONIN
6.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
6.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
7.1	TITLE	D
7.2	NAME	ROBERT BREWSTER
7.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
7.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
8.1	TITLE	D
8.2	NAME	SHIRLEY DAVIS
8.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
9.1	CITY-ST-ZIP TITLE	BOCA RATON , FL. 33496
9.2	NAME	GERARD FISHER
9.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
	CITY-ST-ZIP	BOCA RATON , FL. 33496
10.1	TITLE	D
10.2	NAME	FRAN GOLDEN
10.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
10.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
11.1	TITLE	D
. Z.	NAME	==RICHARD=KOFSKY
11.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
11.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
12.1	TITLE .	D
12.2	NAME	RICHARD OKONOW
12.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
12.4	CITY-ST-ZIP	BOCA RATON , FL. 33496
13.1	TITLE	D
13.2	NAME	HERBERT ROSS
13.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
	CITY-ST-ZIP	BOCA RATON , FL. 33496
14.1 14.2	TITLE NAME	D HELEN VALANOS
14.2	STREET ADDRESS	17557 CLARIDGE OVAL WEST
14.3	CITY-ST-ZIP	BOCA RATON , FL. 33496
15.1	TITLE	D
15.2	NAME	BOB WATKINS
15.3	STREET ADDRESS	17557 CLARIDGE OVAL WEST
15.4	CITY-ST-ZIP	BOCA RATON , FL. 33496

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