

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H93612

(0)

1. Corporation Name

ST. ANDREW'S VILLAS, INC.

Principal Place of Business

**2297 S. GLENCOE ROAD
NEW SMYRNA BCH. FL 32168
US**

Mailing Address

**2297 S. GLENCOE ROAD
NEW SMYRNA BCH. FL 32168
US**

**APPROVED
AND
FILED**

95 MAY -1 PM 2:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1986

3a. Date of Last Report

04/28/1994

4. FBI Number

59-2623300

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

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City & State

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9. Name and Address of Current Registered Agent

**DYER, ANDREW B.
2297 S GLENCOE ROAD
NEW SMYRNA BEACH FL 32168**

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 607.05(4) and 607.15(5), 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 authorized to accept the delegation of Section 607.20(1), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not registered agent, then not applicable)

Signature of Registered Agent (if not registered agent, then not applicable)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS (if any)

1. NAME	PST DYER, ANDREW B. 2297 S. GLENCOE RD. NEW SMYRNA BEACH FL
2. STREET ADDRESS	
3. CITY	
4. NAME	
5. STREET ADDRESS	
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	

1. NAME		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY		
5. NAME		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY		
9. NAME		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY		
13. NAME		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY		

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 111.01(1) 90b, Florida Statutes. Furthermore, 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 the undersigned had personally appeared before the corporation or the recorder of the law enforcement to execute this report as required by Chapter 111, Florida Statutes, and that my signature appears in Block 1, or Block 1, if it changed, on an attachment with an address.

SIGNATURE:

Andrew B. Dyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95
Date

904-423-4533
Telephone Number