FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H93612** **(0)**

1. Corporation Name
ST. ANDREW'S VILLAS, INC.

Principal Place of Business	Mailing Address
2297 S. GLENCOE ROAD NEW SMYRNA BCH. FL 32168 US	2297 S. GLENCOE ROAD NEW SMYRNA BCH. FL 32168 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1986**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite Apt. # etc. (22) | Suite Apt. # etc. (27)
City & State (23) | City & State (28)
(24) (25) | (29) (30)

4. FEI 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DYER, ANDREW B. 2297 S GLENCOE ROAD NEW SMYRNA BEACH FL 32168	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 Section 607.0501, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DYER, ANDREW B. 2297 S. GLENCOE RD. NEW SMYRNA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete and accurate. I further certify that I am familiar with the provisions of Chapter 607, Florida Statutes, and that this report is executed in accordance with the applicable provisions of Section 607.0502, Florida Statutes.

SIGNATURE: *Andrew B. Dyer* 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING ON BEHALF OF CORPORATION OR DIRECTOR — Date

0010308 CP