## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H93612

(0)

ST. ANDREW'S VILLAS, INC.

**FILED** May 05 1997 8:00am Secretary of State

		<b>  </b>

Principal Place of Business 2297 S. GLENCOE ROAD NEW SMYRNA BCH. FL 32168 US		Mai	Mailing Address			e endamit mitte einem teite gegat tente einer dem einer dinte dente dente dente dente jane				
		2287 S. GLENCOE ROAD NEW SMYRNA BCH. FL 32188-8357 US								
03		Ų.					3. Date Incorporated or Qualified 01/08/1986		e of Last R 9/1996	Report
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		Ar	optied For
21		26					59-2623300		No	ot Applicable
Sud∈, Apt.	#, elo		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27					G. Continuate of dialog Desires		Fee R	equired
City & State	U		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zipi	Country	,	<b>Z</b> ip		puntry	<i>f</i>	8. This corporation has liability for			s. <b>19</b> 9.032,
24	25	29		30				] Yes [		
	9. Name and Address of Cur	rent Regist	ered Agent		١.,		10. Name and Address of New Re	gistered A	gent	
DYE	r, andrew B.				B1	Name				
2297	'S GLENCOE ROAD					Street Ad	dress (P.O. Box Number is Not Acceptate	le)		
NEW	SMYRNA BEACH FL 32168				82	0.00				
					83					
					0.4	0:4.			Ter 7in	Codo
					84	City		FL	<b>85</b> Zip	Code
office or r	to the provisions of Sections 607.0 egistered agent or both, in the St m familiar with, and accept the ob	ate of Florid	la. Such change was	authoriz	ed b	y the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of t the appo	changing i sintment as	ls registered registered
SIGNATURE	Signature, typard or protect name of registered	agent and tax i	f aprilicable (NO	1E: Registe	red Ap	ent signature rec	guired when reinstating)	DATE		
12.	OFFICERS			13	3,		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TILLE	PST		DELETE	1.1	TITLE				Change	Addition
NAMS	DYER, ANDREW B.			1.2	NAME					
STREST ADDRESS	2297 S. GLENCOE RD.			1.3	STREÉ	T ADDRESS				
CITY ST 74	NEW SMYRNA BEACH FL				DITY-	į į				
1:TLE			DELETE		TITLE				Change	☐ Addition
NAME				2.2	NAME					
STHEET ADDRESS				23	STREE	T ADDRESS				
CITY - Si - ZIP						ST-ZIP	<b>●</b> **			
100			DELETE		TITLE	<u> </u>	······		Change	☐ Addition
NAME					NAME	1	•		=	
51REEL ADDRESS				- 6		T ADDRESS				
GHY - ST - ZiP						ST-ZIP				
1011			DELETE		TITLE	31-211			Change	Addition
NAVI					2 NAME	.			= •.	<del></del>
STREET ADDRESS						T ADDRESS				
TITLE			DELETE		CITY- TITLE				Change	Addition
			orcer	- 6	NAME					
NAME official Application										
STREET ADDRESS						T ADDRESS				
CHY+51-7IP	MANAGEMENT A FRANCISCO	···	DELETE			ST-ZIP			Change	Addition
711( F			CT DECEL		TITLE	1	•		- Change	III Manifort
NAME					NAME	1				
STREET ADDICESS	*					T ADDRESS	•			
C-TY - S1 - 7/F				6.4	CITY-	\$T-ZIP				

14. I do hereby certify that the information supplied with this filing does not quality 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

Daytime Phone #