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Feb 11, 1999 8:00am  
Secretary of State

02-11-1999 90045 042 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J33747

1. Corporation Name  
ST. ANDREWS-NORTH, INC.

Principal Place of Business

6765 N WICKHAM RD  
STE C 106  
MELBOURNE FL 32940  
US

Mailing Address

6765 N WICKHAM RD  
STE C 106  
MELBOURNE FL 32940  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1986

4. FEI Number

13-3373865

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

GOLDEN TRIANGLE REALTY INC  
6765 NORTH WICKHAM ROAD  
SUITE #C-106  
MELBOURNE FL 32940

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME GOLDING, HARRIET  
STREET ADDRESS 6765 N WICKHAM RD STE C 106  
CITY-ST-ZIP MELBOURNE FL 32940 ☐ DELETE

TITLE DVP  
NAME LEVY, JERROLD, G.  
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212  
CITY-ST-ZIP GREAT NECK NY ☐ DELETE

TITLE T  
NAME JARDINE, JEFFREY P  
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212  
CITY-ST-ZIP GREAT NECK NY 12021 ☐ DELETE

TITLE AS  
NAME STANZIONE, BARBARA T  
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212  
CITY-ST-ZIP GREAT NECK NY 12021 ☐ DELETE

TITLE S  
NAME SCHLOSSBERG, MORTON J  
STREET ADDRESS 60 CUTTER MILL ROAD -SUITE 212  
CITY-ST-ZIP GREAT NECK NY 12021 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)