03011999-90251-005-$122.50-$52.50 * 08031999-90006-049-$61.25-$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90251 005 ***122.50
08-03-1999 90006 049 ****61.25

* 610241 - 90001 - 43 *

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N35409

1. Corporation Name
ST. ANDREWS GLEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O KERRY FIN 7500 ST. ANDREWS ROAD LAKE WORTH FL 33467	C/O KERRY FIN 7500 ST. ANDREWS ROAD LAKE WORTH FL 33467

2. Principal Place of Business	2a. Mailing Address
21	26 7500 ST ANDREWS ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LAKE WORTH, FLORIDA
Zip 24 Country 25	Zip 29 33467 Country 30 USA

3. Date Incorporated or Qualified: 11/27/1989

4. FEI Number: 65-0167580 ☐ 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

9. Name and Address of Current Registered Agent

FINN, KERRY
7500 ST. ANDREWS ROAD
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: ELI MYERS
82 Street Address (P.O. Box Number is Not Acceptable): 7500 ST ANDREWS ROAD
83
84 City: LAKE WORTH FLORIDA FL 85 Zip Code: 33467

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Eli Myers 7-8-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FINN, KERRY 7500 ST. ANDREWS RD. LAKE WORTH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D PRESIDENT ELI MYERS 7500 ST ANDREWS ROAD LAKE WORTH
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RUSSELL, SUSAN 7500 ST, ANDREWS ROAD LAKE WORTH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D VICE PRESIDENT BRIAN ROCHE 7500 ST ANDREWS ROAD LAKE WORTH
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT JARRELL, MARK 7500 ST, ANDREWS ROAD LAKE WORTH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D NICHOLAS CASTORO VICE PRESIDENT 7500 ST ANDREWS ROAD LAKE WORTH
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	KERRY FINN VICE PRESIDENT 7500 ST ANDREWS ROAD LAKE WORTH
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D VICE PRESIDENT RICK RUSSOTTO 7500 ST ANDREWS ROAD LAKE WORTH
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

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 617, 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: Richard Russotto SIGNATURE FOR RICHARD RUSSOTTO V.P. 7-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)