2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
01-25-2000 90119 025 ****61.25

DOCUMENT # N35409

1. Entity 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 33467-1300

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
LAKE WORTH FLORIDA	7500 ST ANDREWS ROAD
Suite, Apt. #, etc.: 7500 ST ANDREWS ROAD	Suite, Apt. #, etc.
City & State: LAKE WORTH, FLORIDA	City & State: LAKE WORTH FLORIDA
Zip / Country	Zip: 33467 / Country: USA

4. FEI Number: 65-0167580 | Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ELI S. MYERS

Street Address (P.O. Box Number is Not Acceptable): 7601 MACKENZIE COURT

City: LAKE WORTH **FL** Zip Code: 33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FINN, KERRY 7500 ST. ANDREWS RD. LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ELI S MYERS D 7500 ST ANDREWS ROAD LAKE WORTH FLORIDA 33467	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RUSSELL, SUSAN 7500 ST. ANDREWS ROAD LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NICK CASTORO D SAME	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT JARRELL, MARK 7500 ST. ANDREWS ROAD LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BRIAN ROCHE D SAME	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ELI S MYERS 561-965-60067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #