

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000001287 (2)**

1. Corporation Name

**ST. ANDREWS VILLAGE CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business: **100 CALEDONIA DR MELBOURNE BEACH FL 32951**  
Mailing Address: **100 CALEDONIA DR MELBOURNE BEACH FL 32951**

3. Date Incorporated or Qualified: **03/22/1993**  
3a. Date of Last Report: **06/09/1995**

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

4. FEI Number: **59-3179189**  
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**

**BURNS, JULIE  
100 CALEDONIA DR  
MELBOURNE BEACH FL 32951**

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 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**

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	VTD	<input checked="" type="checkbox"/> DELETE
NAME	SCULTHOP, BRIAN M	
STREET ADDRESS	93 TRINITY RD	
CITY-ST-ZIP	EDINBURGH, UNITED KINGDOM	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCULTHOP, LEONARD E	
STREET ADDRESS	115 ST ANDREWS DR	
CITY-ST-ZIP	UNITED KINGDOM	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, JULIE	
STREET ADDRESS	100 CALEDONIA DR	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> D	President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		WM. FAVILLE	
1.3 STREET ADDRESS		149 CALEDONIA DR #102	
1.4 CITY-ST-ZIP		MELBOURNE BEACH, FL 32951	
2.1 TITLE	<input checked="" type="checkbox"/> D	V. PRES. - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		PAT STRAND	
2.3 STREET ADDRESS		149 CALEDONIA DR #104	
2.4 CITY-ST-ZIP		MELBOURNE BEACH, FL 32951	
3.1 TITLE	<input checked="" type="checkbox"/> D	SRC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		DARON GOLD	
3.3 STREET ADDRESS		151 CALEDONIA DR #106	
3.4 CITY-ST-ZIP		MELB. Bch, FL 32951	
4.1 TITLE	<input checked="" type="checkbox"/> D	TREAS - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		BRIAN SCULTHOP	
4.3 STREET ADDRESS		139 CALEDONIA DR	
4.4 CITY-ST-ZIP		MELB. Bch, FL 32951	
5.1 TITLE	<input checked="" type="checkbox"/> D	DIRECTOR - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		JOHN PATTINSON	
5.3 STREET ADDRESS		151 CALEDONIA DR #206	
5.4 CITY-ST-ZIP		MELB Bch, FL 32951	
6.1 TITLE	<input checked="" type="checkbox"/> D		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

400001843074  
-05/29/96--0117--003  
\*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** *Brian Sculthop* **BRIAN SCULTHOP** 4/18/96 407-952-5298  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone: #

CR2E037 (12/95)