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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001287 (2)
 1. Corporation Name
ST. ANDREWS VILLAGE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business		Mailing Address	
149-151 CALEDONIA DR MELBOURNE BEACH FL 32951 US		100 VISTA ROYALE BLVD. VERO BEACH FL 32962 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt #, etc.	26 Suite, Apt. #, etc.	03/22/1993	59-3179189
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required
24	25	29	30

7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCDONALD, PHYLLIS
100 VISTA ROYALE BLVD.
VERO BEACH FL 32962

10. Name and Address of New Registered Agent

B1 Name	JAY STEVEN LEVINE
B2 Street Address (P.O. Box Number is Not Acceptable)	3300 PGA BLVD. SUITE 500
B3	
B4 City	PALM BEACH GARDENS FL
B5 Zip Code	33410

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: *Joy Lewis* DATE: **3-19-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	STD
NAME	FAVILLE, WILLIAM	1.2 NAME	WILLIAM FAVILLE
STREET ADDRESS	149 CALEDONIA DRIVE #102	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	1.4 CITY-ST-ZIP	
TITLE	VPSD	2.1 TITLE	VPO
NAME	REDISH, JEFFREY	2.2 NAME	JEFFREY REDISH
STREET ADDRESS	149 CALEDONIA DR. #203	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	MELBOURNE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	PD
NAME	STRAV, MARGARET	3.2 NAME	JOY LEWIS
STREET ADDRESS	151 CALEDONIA DR. #108	3.3 STREET ADDRESS	149 CALEDONIA DR. #204
CITY-ST-ZIP	MELBOURNE BEACH FL	3.4 CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Joy Lewis* **JOY LEWIS** **4/14/98**

CR2E037 (10/97)