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**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90252 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001287**

1. Corporation Name  
**ST. ANDREWS VILLAGE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business 149-151 CALEDONIA DR MELBOURNE BEACH FL 32951 US	Mailing Address 100 VISTA ROYALE BLVD. VERO BEACH FL 32962 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/22/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3179189
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**LEVINE, JAY S**  
**3300 PGA BLVD**  
**STE 500**  
**PALM BCH GRDNS FL 33410**

10. Name and Address of New Registered Agent

81 Name  
**JAY STEVEN LEVINE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2500 North Military Trail**

83 Suite 275

84 City  
**Boca Raton**

85 Zip Code  
**FL 33431**

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

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	VAVILLE, WILLIAM	
STREET ADDRESS	149 CALEDONIA DRIVE #102	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	REDISH, JEFFREY	
STREET ADDRESS	149 CALEDONIA DR, #203	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, JOY	
STREET ADDRESS	149 CALEDONIA DR, 204	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BLOCK, FRED	
1.3 STREET ADDRESS	149 Caledonia Dr. #201	
1.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAYER, GEORGE	
2.3 STREET ADDRESS	150 Cavanaugh Lake Rd	
2.4 CITY-ST-ZIP	Chelsea, MI 48118	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STRANO, VERA	
3.3 STREET ADDRESS	149 Caledonia Dr. #104	
3.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **BLOCK, PRES.** Date: 4/5/99 Daytime Phone #: (407) 984-3218

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