

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90071 049 ****61.25

0031321

DOCUMENT # N93000001287

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3179189

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, JAY S
 2500 N MILITARY TRAIL
 STE 275 490
 BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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	PD	<input type="checkbox"/> Delete
NAME	BLOCK, FRED	
STREET ADDRESS	149 CALEDONIA DR #201	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAYER, GOERGE	
STREET ADDRESS	149 CALEDONIA DR 103	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COOK, LARRY E	
STREET ADDRESS	149 CALEDONIA DR 203	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Frederick J. Block*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/27/01 Daytime Phone #: 321-984 3218

CR2E037 (10/00)