

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724919

Entity Name: THE ST. ANDREWS CLUB, INC.**Current Principal Place of Business:**4475 N OCEAN BOULEVARD
DELRAY BCH, FL 33483**Current Mailing Address:**4475 N OCEAN BOULEVARD
DELRAY BCH, FL 33483**FEI Number: 59-1482400****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TENNYSON, ROD ESQ
301 N. ATLANTIC DRIVE
LANTANA, FL 33462 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title TREASURER, GOVERNOR
Name CRIMMINS, A LAWRENCE
Address 4475 N. OCEAN BLVD, UNIT 104
City-State-Zip: DELRAY BEACH FL 33483

Title PRESIDENT, GOVERNOR
Name BLACKISTON, HENRY
Address 4475 N. OCEAN BLVD, UNIT 44C
City-State-Zip: DELRAY BEACH FL 33483

Title SECRETARY, GOVERNOR
Name BROWN, CYNTHIA PORTER
Address 1467 ESTUARY TRL
City-State-Zip: DELRAY BEACH FL 33483

Title VICE PRESIDENT, GOVERNOR
Name MAYER, MARK D
Address 4475 N. OCEAN BLVD. UNIT7C
City-State-Zip: DELRAY BCH FL 33483

Title ASST. SECRETARY
Name GRASSI, ROBERT J
Address 1348 SE 8TH STREET
City-State-Zip: DEERFIELD BEACH FL 33441

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT GRASSI**ASST. SECRETARY****04/18/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date