

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727752

Entity Name: ST. ANDREWS FAIRWAYS, INC.

**Current Principal Place of Business:**

4475 N. OCEAN BLVD.  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

4475 N. OCEAN BLVD.  
DELRAY BEACH, FL 33483

FEI Number: 59-1510793

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

TENNYSON, ROD P.A.  
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            PRESIDENT, DIRECTOR  
Name            WALCOTT, EUSTIS  
Address        4475 N OCEAN BLVD  
                  44D  
City-State-Zip: DELRAY BEACH FL 33483

Title            DIRECTOR  
Name            BONE, BRUCE  
Address        4475 N. OCEAN BLVD  
                  45C  
City-State-Zip: DELRAY BCH FL 33483

Title            VP, DIRECTOR  
Name            CONNOLLY, DAVID  
Address        4475 N. OCEAN BLVD.  
                  #44B  
City-State-Zip: DELRAY BCH FL 33483

Title            TREASURER, SECRETARY,  
                  DIRECTOR  
Name            ASHLEY, PATRICK  
Address        4475 N. OCEAN BLVD  
                  #43C  
City-State-Zip: DELRAY BEACH FL 33483

Title            DIRECTOR  
Name            CONNOLLY, P. BRIAN  
Address        4475 N. OCEAN BLVD. #46A  
                  #43A  
City-State-Zip: DELRAY BEACH FL 33483

Title            DIRECTOR  
Name            DAVANT, JOHN H  
Address        4475 N. OCEAN BLVD. #45B  
City-State-Zip: DELRAY BEACH FL 33483

*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: BRUCE BONE

DIRECTOR

04/27/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date