

**2015 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 PD  
Name WALCOTT, EUSTIS  
Address 4475 N OCEAN BLVD, UNIT 44-D  
City-State-Zip: DELRAY BEACH FL 33483

Title AVP  
Name HUME, GEOFFREY W  
Address 4475 N OCEAN BLVD  
City-State-Zip: DELRAY BEACH FL 33483

Title VP, DIRECTOR  
Name FOLTZ, C. HENRY  
Address 4475 N. OCEAN BLVD  
#45A  
City-State-Zip: DELRAY BCH FL 33483

Title SECRETARY, TREASURER,  
DIRECTOR  
Name DAVANT, JOHN H  
Address 4475 N. OCEAN BLVD.  
#45B  
City-State-Zip: DELRAY BCH 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:** GEOFFREY W. HUME

2ND VP

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date