

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740868

Entity Name: ST. ANDREWS FAIRWAYS CONDOMINIUM II ASSOCIATION,
INC. N**FILED**
Apr 21, 2014
Secretary of State
CC1339440773**Current Principal Place of Business:**4475 NORTH OCEAN BLVD.
DELRAY BEACH, FL 33483-7501**Current Mailing Address:**4475 NORTH OCEAN BLVD.
DELRAY BEACH, FL 33483-7501**FEI Number: 59-2010108****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TENNYSON, ROD P.A.
301 N. ATLANTIC DR
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	MARTIN, PETER B
Address	4475 N OCEAN BLVD. UNIT 106
City-State-Zip:	DELRAY BEACH FL 33483

Title	VPD
Name	HEININGER, MARGO M
Address	4475 N OCEAN BLVD. UNIT 202
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	TSD
Name	DEMBROSKI, GEORGE
Address	4475 N OCEAN BLVD, UNIT 207
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: GEOFFREY W. HUME**2ND VP****04/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date