

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765229

Entity Name: ST. ANDREWS COUNTRY CLUB, INC.**Current Principal Place of Business:**17557 CLARIDGE OVAL WEST
BOCA RATON, FL 33496**Current Mailing Address:**17557 CLARIDGE OVAL WEST
BOCA RATON, FL 33496**FEI Number:** 59-2000688**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SORENSEN, PATRICIA D
ST. ANDREWS COUNTRY CLUB, INC.
17557 CLARIDGE OVAL WEST
BOCA RATON, FL 33496 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 EVPD
Name GALLATIN, RONALD
Address 17557 CLARIDGE OVAL WEST
City-State-Zip: BOCA RATON FL 33496

Title PRESIDENT, DIRECTOR
Name RICE, ED
Address 17557 CLARIDGE OVAL WEST
City-State-Zip: BOCA RATON FL 33496

Title D
Name MARTIN, CRAIG COO
Address 17557 CLARIDGE OVAL WEST
City-State-Zip: BOCA RATON FL 33496

Title CFO
Name PAT, SORENSEN
Address 17557 CLARIDGE OVAL
City-State-Zip: BOCA RATON FL 33437

Title VPD
Name COOPERMAN, ED
Address 17557 CLARIDGE OVAL WEST
City-State-Zip: BOCA RATON FL 33496

Title SD
Name NEWMAN-FRIEDMAN, ALICE
Address 17557 CLARIDGE OVAL WEST
City-State-Zip: BOCA RATON FL 33496

Title TREASURER, DIRECTOR
Name GREENWALD, STEVEN
Address 17557 CLARIDGE OVAL
City-State-Zip: BOCA RATON FL 33497

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: PAT SORENSEN

CFO

02/22/2015

Electronic Signature of Signing Officer/Director Detail

Date