

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731418 (0)

1. Corporation Name

THE SANDARAC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6666 ESTERO BLVD  
FT MYERS BEACH FL 33931

6666 ESTERO BLVD  
FT MYERS BEACH FL 33931

3. Date Incorporated or Qualified  
12/18/1974

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1807853

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRIER, J A  
6670 ESTERO BOULEVARD, APT. A301  
FT MYERS BCH FL 33931

81 Name  
PLATTEN, WILLIAM E  
82 Street Address (P.O. Box Number is Not Acceptable)  
6670 ESTERO BLVD, APT A-202  
83  
84 City  
FT. MYERS BEACH FL 85 Zip Code  
33931

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*William E. Platten*

(NOTE: Registered Agent signature required when re-registering)

April 26, 1996 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLATTEN, WILLIAM E	
STREET ADDRESS	6670 ESTERO BLVD	
CITY-ST-ZIP	FT.MYERS BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHEALY, LYLE	
STREET ADDRESS	6670 ESTERO BV	
CITY-ST-ZIP	FT.MYERS BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LORENTSON, JAMES	
STREET ADDRESS	6672 ESTERO BOULEVARD	
CITY-ST-ZIP	FT.MYERS BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHILLING, FRANCIS	
STREET ADDRESS	6672 ESTERO BLVD	
CITY-ST-ZIP	FT.MYERS BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARCHER, G. EUGENE	
STREET ADDRESS	6670 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARNDUFF, JOHN	
STREET ADDRESS	6670 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	MAIORA, GRACE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6670 ESTERO BLVD
2.4 CITY-ST-ZIP	FT. MYERS BEACH FL 33931
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEBEN, ROBERT
3.3 STREET ADDRESS	6670 ESTERO BLVD
3.4 CITY-ST-ZIP	FT MYERS BEACH, FL 33931
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCHILLING FRANCIS
4.3 STREET ADDRESS	6672 ESTERO BLVD
4.4 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000001860610
6.3 STREET ADDRESS	-06/12/96--01129--020
6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attachment with an address

SIGNATURE:

*Sandra B. Morham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96

Date

941-463-4778

Daytime Phone #

CR2E037 (12/95)