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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90117 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731418

1. Corporation Name
THE SANDARAC ASSOCIATION, INC.

Principal Place of Business 6666 ESTERO BLVD FT MYERS BEACH FL 33931	Mailing Address 6666 ESTERO BLVD FT MYERS BEACH FL 33931
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/18/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1807853
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
PLATTEN, WILLIAM E. 6670 ESTERO BLVD APT. A-202 FT MYERS BEACH FL 33931		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLATTEN, WILLIAM E	1.2 NAME	STEWART, RICHARD
STREET ADDRESS	6670 ESTERO BLVD	1.3 STREET ADDRESS	6672 ESTERO BLVD
CITY-ST-ZIP	FT.MYERS BCH. FL	1.4 CITY-ST-ZIP	FT. MYERS BCH FL 33931
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENTSON, JAMES	2.2 NAME	
STREET ADDRESS	6672 ESTERO BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT.MYERS BCH. FL 33931	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBEN, ROBERT	3.2 NAME	
STREET ADDRESS	6670 ESTERO BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT.MYERS BCH. FL 33931	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLING, FRANCIS	4.2 NAME	
STREET ADDRESS	6672 ESTERO BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT.MYERS BCH. 33 931	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHER, G. EUGENE	5.2 NAME	
STREET ADDRESS	6670 ESTERO BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNDUFF, JOHN	6.2 NAME	
STREET ADDRESS	6670 ESTERO BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene Archer SIGNATURE REQUIRED: EUGENE ARCHER 3-18-99 941-463-6080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0061212

CR2E037 (4-1-98)