

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757136 (7)
1. Corporation Name
THE SANDPEBBLE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **4800 SANDPEBBLE TRACE, STUART FL 34996-8481**
Mailing Address: **4800 SANDPEBBLE TRACE, STUART FL 34996-8481**

3. Date Incorporated or Qualified: **04/14/1981**
3a. Date of Last Report: **02/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2200762	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORNETT, JANE E WACKEEN, CORNETT & GOOGE 401 E. OSCEOLA ST. STUART FL 34995				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARVER, ROGER H			1.2 NAME			
STREET ADDRESS	2841 NE OCEAN BLVD. #305			1.3 STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34996			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VENEZIA, MICHAEL T.			2.2 NAME			
STREET ADDRESS	4590 SANDPEBBLE TRACE #106			2.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUFFY, DOROTHY			3.2 NAME			
STREET ADDRESS	1389 NW LAKESIDE TRAIL			3.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREINER, CARLTON E.			4.2 NAME			
STREET ADDRESS	4620 SANDPEBBLE TRACE #303			4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAUD, WILLIAM			5.2 NAME			
STREET ADDRESS	4440 SANDPEBBLE TRACE, #404			5.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Myron Bashor		
STREET ADDRESS				6.3 STREET ADDRESS	4620 Sandpebble Trace # 304		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	STUART FL 34996		

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.

FOR THE BOARD OF DIRECTORS BY:
SIGNATURE: _____ DATE: **1/19/96** DAYTIME PHONE #: **407 225-2525**

CR2E087 (12/95)