

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL 17 AM 8:42

**DOCUMENT # 758737 (1)**  
1. Corporation Name  
**SAND DOLLAR VILLAS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**3056 SO FLETCHER AVE FERNANDINA BCH FL 32034-2379**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/12/1981</b>	3a. Date of Last Report <b>09/26/1994</b>
4. FEI Number <b>59-2357421</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**BURGESS, GRANVILLE C.  
301-1/2 CENTRE STREET  
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 resigning)

12. OFFICERS AND DIRECTORS	
TITLE <b>VD</b>	<b>KINNEBREW, RICHARD</b>
NAME	<b>2178 LAKESIDE DR E</b>
STREET ADDRESS	<b>FERNANDINA BEACH FL</b>
CITY - ST - ZIP	
TITLE <b>MD</b>	<b>RACZYNSKI, JOHN P.</b>
NAME	<b>3056 S FLETCHER AVE #313</b>
STREET ADDRESS	<b>FERNANDINA BEACH FL</b>
CITY - ST - ZIP	
TITLE <b>PD</b>	<b>GRANVILLE, C. BURGESS</b>
NAME	<b>P.O. BOX 1493 N/A</b>
STREET ADDRESS	<b>FERNANDINA BEACH FL</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>ROSEBOROUGH, MORGAN</b>
NAME	<b>33 SEA MARSH ROAD</b>
STREET ADDRESS	<b>AMELIA ISLAND FL</b>
CITY - ST - ZIP	
TITLE <b>TD</b>	<b>FARMAND, TERRY</b>
NAME	<b>4237 ATLANTIC BLVD</b>
STREET ADDRESS	<b>JACKSONVILLE FL</b>
CITY - ST - ZIP	
TITLE <b>SD</b>	<b>HOWARTH, JOANNE</b>
NAME	<b>3056 S FLETCHER AVE #305</b>
STREET ADDRESS	<b>FERNANDINA BEACH FL</b>
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>MD RACZYNSKI, JUDITH L.</b>
23 STREET ADDRESS	<b>3056 S FLETCHER AVE #313</b>
24 CITY - ST - ZIP	<b>FERNANDINA BEACH, FL 32034</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>MD LITTLE, ROBERT</b>
33 STREET ADDRESS	<b>201 ALBANY AVE</b>
34 CITY - ST - ZIP	<b>WAYCROSS, GA 31502</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>TD ROSEBOROUGH, MORGAN</b>
43 STREET ADDRESS	<b>33 SEA MARSH ROAD</b>
44 CITY - ST - ZIP	<b>AMELIA ISLAND, FL 32034</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>MD CARTER, JAMES</b>
53 STREET ADDRESS	<b>107 SAILFISH WAY</b>
54 CITY - ST - ZIP	<b>BRUNSWICK, GA 31520</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 or 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.

SIGNATURE: *Judith L. Raczyński* (Date) **6/27/95** (Phone) **(904) 261-2710**

CR12037 (3/95)