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Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758737 (1)
1. Corporation Name
SAND DOLLAR VILLAS ASSOCIATION, INC.

Principal Place of Business 3056 SO FLETHCER AVE FERNANDINA BCH FL 32034-2379	Mailing Address 3056 SO FLETHCER AVE FERNANDINA BCH FL 32034-2379
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/12/1981		
4. FEI Number 59-2357421	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**WOOD, MARSHALL E
303 CENTRE STREET
SUITE 100
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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TOLLISON, H. KENNETH	
STREET ADDRESS	4105 RIVERSIDE DRIVE	
CITY-ST-ZIP	BRUNSWICK GA 31520	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RACYNSKI, JUDITH L	
STREET ADDRESS	3056 S FLETCHER AVE #313	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENNER, RAYMOND	
STREET ADDRESS	6507 E. ST. JOE HWY.	
CITY-ST-ZIP	GRAND LEDGE MI 48837	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	CARTER, JAMES	
STREET ADDRESS	107 SAILFISH WAY	
CITY-ST-ZIP	BRUNSWICKA BEACH GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, MARK	
STREET ADDRESS	3056 S. FLETCHER AVE. #311	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARLESS, SYLVIA	
STREET ADDRESS	1516 ABERDEEN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth H. Tollison	
1.3 STREET ADDRESS	P.O. Box 607 3325 CORRAL PARK DRIVE	
1.4 CITY-ST-ZIP	BRUNSWICK, GA 31521 31520	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Carter	
2.3 STREET ADDRESS	107 Sailfish Way	
2.4 CITY-ST-ZIP	Brunswick, GA 31520	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Andy Anderson	
3.3 STREET ADDRESS	3988 Church Road	
3.4 CITY-ST-ZIP	Callahan, FL 32011	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Buddy McWilliams	
4.3 STREET ADDRESS	211 211 FRALEIGH DR	
4.4 CITY-ST-ZIP	Madison, FL 32041 32340	
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		
6.3 STREET ADDRESS		
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.

SIGNATURE: _____ DATE: **4/20/98**

CF2E037 (10/97)