## FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

758809

(8)

SAND DOLLAR I, INC.

Principal Place of Business Mailing Address					<del></del>	
7990 HWY A1A St augustine		7990 HWY A1A SOUTH ST AUGUSTINE FL 32086-8369				
						3. Date Incorporated or Qualified 06/17/1981 3a. Date of Last Report 04/18/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For S9-2 1603 19 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State	е	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Сог	intry		8. This corporation has tiability for intangible tax under s. 199.032,
24	25   29   30   9. Name and Address of Current Registered Agent			Florida Statutes		
	9. Name and Address of Current	Hegistereo Agent		81	Name	10. Name and Address of New Registered Agent
CUADAIA	N CHIDV C			0'	матте	e
7990 A1/					Street	et Address (P.O. Box Number is Not Acceptable)
ST AUG	JSTINE FL 32086			83		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the a	bove	-named	ed 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		man CIND				9PMAN 1/9/97
	Signature typeo or printed name of registered agent	·		d Age	nt signature	ure required when reinstating) DATE
12.	OFFICERS AND	DELETE	13. 1.1 Ti	T) C		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  VPD
NAME	DEWS, JACKIE	C DEELE				Fuessner, Helen
STREET ADDRESS	303 SAND DOLLAR I, A1A				ADDDCCC	2726 277 0411 #1
CITY-ST-ZIP	OT ALIQUICINE FI			1Y-\$1		Gainesville, FL 32608
TOTALE.	_TD	DELETE	2.1 T		1 - ZIP	PD E Change Addition
NAME	IRMIS, MILES		2.2 N/			Irmis, Miles
STREE1 ADDRESS	202 SAND DOLLAR I,A1A					1 5000 fd = - 11 m 1. 500
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP			St. Augustine, FL 32086
TITLE	D	XX DELETE	3.1 TITLE		<del></del>	D Change X Addition
NAME	HARRISON, WILLARD 32		3.2 N	AME		Rowe, James
STREET ADDRESS			3.3 ST	REET.	ADDRESS	7990 A1A South, Unit 305
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-		Y-ZIP	St Augustino FI 32084
TITLE	PD NED HOWED	XX DELETE	4.1 TI	TLE		D Change Addition
NAME	GARDNER, HOWARD		4.2 N	AME		Pinel, Betty Lou
STREE1 ADDRESS	503 SAND DOLLAR 1, A1A				ADDRESS	2174 Glencoe Road
CITY-ST-ZIP	ST. AUGUSTINE FL.	DELETE	_	1Y-S1	- ZIP	Winter Park, FL 32789
TITLE	HILLER, CHERYL	** DELETE	5.1 T/			D Change 🙀 Addition
NAME STREE1 ADDRESS	7000 444 001771					Warren, Shannon
CITY - ST - ZIP	OT ALICHOTHIE EL			/ 5		'  /990 AIA SOUTH, UNIT 306
TITLE	SD SD	☐ DELETE	5.4 CI		- ZIP	ST. Augustine, FL 32086
NAME	COOK, MARY	terms of the same	6.2 N/			Ciscingo Li Addition
STREET ADDRESS	101 SAND DOLLAR I AIA S		6 3 STREET ADDRESS		ADDRESS	<sub>s</sub>
CITY - ST - ZIP	ST AUGUSTINE FL		64 CI	TY-ST	- ZIP	
14. I do hereb	by certify that the information supplied	with this filing does not qualify	for the	ever	nntion s	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: SIGNATURE: STORE THE SIGNATURE OF SIGNATURE OF