## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(8)

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

7990 HWY A1A SOUTH ST AUGUSTINE FL 32086

SAND DOLLAR I, INC.

Principal Place of Business

2. Principal Place of Business

7990 HWY A1A SOUTH ST AUGUSTINE FL 32086

Suite, Apt. #, etc.

## **FILED** Feb 04 1998 8:00am Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified 06/17/1981

59-2160319

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

2/						rust Fund Contribution
City & State City & State						7. Is this nonprofit corporation a homeowners association?
23						Yes No
Zîp	Country Zip C		_ 0	Country		8. This corporation owes or has paid the current year intangible
24				Personal Property Tax due June 30. 🔲 Yes 🔲 No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
				81 Name		
CHAPMAN, CINDY S				82	Street Add	Trace (P.O. Pay Number is Not Assessable)
7990 A1A S				82 Street Address (P.O. Box Number is Not Acceptable)		
ST AUGUSTINE FL 32086				83		
				Ш		
				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 registere						
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 CIRCUS CHAPMAN-MANAGER 1/28/98						
Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 7	ITLE		☐ Change ☐ Addition
NAME	DEWS, JACKIE	1.		1.2 NAME		
STREET ADDRESS	ss 303 SAND DOLLAR I, A1A		1.3 \$	TREET /	ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 C	1,4 CITY - ST - ZIP		
TITLE				2.1 TITLE		Change Addition
NAME	IRMIS, MILES 2.2		2.2 N	AME		• -
STREET ADDRESS	7990 A1A S, UNIT 202		2.3 \$	TREET A	ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		CITY-ST	7-71P		
TITLE	D	DELETE	3.1 1			Change Addition
NAME	ROWE, JAMES 3.2 N		AME			
STREET ADDRESS	7000 A4A C UNIT OCE		3,3 S	TREET A	ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		3.4. CIT		-7IP	
TITLE	D	DELETE	4.1 TI			Change Addition
NAME	PINEL, BETTY LOU		4, 2 N	AME		_ ·
STREET ADDRESS	2174 BLENCOE RD	BLENCOE RD 4.3		IREET A	DDRESS	
CITY - ST - ZIP	WINTER PARK FL		4.4 CI	TY-ST	-7IP	
TITLE	D	DELETE	5,1 TI			Change Addition
NAME	WARREN, SHANNON		5.2 N/	AME		
STREET ADDRESS	7990 A1A S, UNIT 306		5.3 STREET		DDRESS	i
CITY-ST-ZIP	ST AUGUSTINE FL			TY-ST		
TITLE	SD	DELETE	6.1 71		- Lii	Change Addition
NAME	COOK, MARY		6.2 N/			
STREET ADDRESS	AGA CAND DOLLAD LAVA G				DORESS	
CITY-ST-ZIP	ST AUGUSTINE FL			TY-ST-		
		this filing does not qualify f	or the exe	motic	on stated in	Section 119 07(3)(i) Florida Statutes I further certify that the information
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: