

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K73658** (2)

1. Corporation Name

SAND SPRINGS DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3421 BONITA BCH RD SW #408 BONITA SPRINGS FL 33923	3421 BONITA BCH RD SW #408 BONITA SPRINGS FL 33923

3. Date incorporated or Qualified	3a. Date of Last Report
03/17/1989	04/27/1994
4. FEI Number	Applied For
65-0105011	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 3501 BONITA BAY BLVD. Suite, Apt. #, etc.	26 3501 BONITA BAY BLVD. Suite, Apt. #, etc.
22 City & State	27 City & State
23 BONITA SPRINGS, FL	28 BONITA SPRINGS, FL
24 Zip 33923	29 Zip 33923
25 Country U.S.A.	30 Country U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CANTWELL, DENNIS J. 3421 BONITA BEACH RD., SUITE 408 BONITA SPRINGS FL 33923	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3501 BONITA BAY BLVD. 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTWELL, DENNIS J.	1.2 NAME	
STREET ADDRESS	26910 WEDGEWOOD, UNIT301	1.3 STREET ADDRESS	
CITY ST ZIP	BONITA SPGS FL	1.4 CITY ST ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTWELL, PATRICIA A.	2.2 NAME	
STREET ADDRESS	26910 WEDGEWOOD, UNIT301	2.3 STREET ADDRESS	
CITY ST ZIP	BONITA SPGS FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Patricia A. Cantwell* PATRICIA A. CANTWELL 4/28/95 813-947-5100
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR (Date) (Phone Number)