

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07459 (3)**  
1. Corporation Name  
**SANDSPUR HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>5086 LEEWARD DRIVE PENSACOLA FL 32507</b>	Mailing Address <b>5086 LEEWARD DRIVE PENSACOLA FL 32507-9120</b>
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3. Date Incorporated or Qualified <b>02/05/1985</b>	3a. Date of Last Report <b>04/02/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-2635902</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**O'NEIL, RICHARD  
5086 LEEWARD DRIVE  
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent  
81. Name **JESSE EDMONDS**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**5065 LEEWARD DRIVE**  
83.   
84. City **PENSACOLA** FL 85. Zip Code **32507**

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 *Jesse Edmonds* **JESSE EDMONDS** DATE **4-28-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>O'NEIL, DOLORES</b>
STREET ADDRESS	<b>5086 LEEWARD DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>O'NEIL, DELORES</b>
STREET ADDRESS	<b>5086 LEEWARD DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>O'NEIL, RICHARD</b>
STREET ADDRESS	<b>5086 LEEWARD DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>EDMONDS, JESSE</b>
3.3 STREET ADDRESS	<b>5065 LEEWARD DRIVE</b>
3.4 CITY-ST-ZIP	<b>PENSACOLA FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<b>200002224442</b>
6.3 STREET ADDRESS	<b>-06/27/97--01003--034</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do 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.

CR2E037 (9/96)

*NS*  
**6/26**

*S. B. MORHAM, SECRETARY OF STATE* **4-28-97** *6/26/97 1363*