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 #

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

N07459

(3)

| SANDSPUR HOMEOWNERS ASSOCIATION, INC. | | | | | | | | | |
|--|---|--|----------|---|--|--|-----------------|----------|----------------|
| Principal Place of Business Mailing Address | | | | | | T FOOTPION OUR BONN LOGIC DISON BROWN SHOW OF BUT BEING DISON BURNET BEING BURNET B | | | |
| 5086 LEEWARD DRIVE SO86 LEEWARD DRI PENSACOLA FL 32507 PENSACOLA FL 325 | | | | | | 3. Date Incorporated or Qualified 02/05/1985 | | | |
| | | | | | | 4. FEI Number | | A | pplied For |
| <u> </u> | | | | | | 59-2635902 | | N | lot Applicable |
| 2. Principal F | Place of Business | 2a. Mailing Address 26 Suite, Apt #, etc. 27 Crty & State 28 | | 5. Certificate of Status Desired See Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees | | | | | |
| Suite, Apt. | #, etc. | | | | | | | | |
| City & Star | е | | | | 7. Is this nonprofit corporation a homeowners associ | | | ciation? | |
| Zip 24 | Country 25 | Zip | Co. | intry | , | 8. This corporation owes or has paid t Personal Property Tax due June 30 | the current | year In | ntangible |
| | 9. Name and Address of Curre | | 130] | Τ. | | 10. Name and Address of New Regis | | | |
| | | | | 81 | Name | | | | |
| EDMONDS, JESSE | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | · |
| | EEWARD DRIVE COLA FL 32507 | | | 83 | | | | | |
| | | | | 84 | City | | FI ⁶ | 5 Zip | Code |
| agent. I a SIGNATURE | arn familiar with, and accept the obli- | | | | | orporation submits this statement for the purpration's board of directors. I hereby accept the directors of the purpration's board of directors. | DATE | | |
| 12. | OFFICERS AI | ND DIRECTORS | 13. | _ | | ADDITIONS/CHANGES TO OFFICER | S AND DI | RECTO | RS IN 12 |
| TITLE | VD | ☐ DELETE | 1.1 Tr | TLE | | | | Change | Addition |
| NAME | O'NEIL, DOLORES | | 1.2 N/ | AME | | | | | |
| STREET ADDRESS | 5086 LEEWARD DRIVE | | 1.3 S1 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 1.4 0 | TY-S | T-ZIP | | | | |
| TITLE | STD | ☐ DELETE | 2.1 TO | TLE | | | | Change | ■ Addition |
| NAME | O'NEIL, DELORES | | 2.2 N/ | | | | | | |
| STREET ADDRESS | 5086 LEEWARD DRIVE PENSACOLA FL | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | PD PD | DELETE | 2.4 C | | ST-ZIP | | | Change | Addition |
| NAME | EDMONDS, JESSE | | 3.1 H | | - | | ш | отканде | □ Naomin |
| STREET ADDRESS | 5065 LEEWARD DRIVE | | 33 STREE | | ADDRESS | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 3.4. CIT | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TII | | | | | Change | Addition |
| NAME | | | 4. 2 N | AME | | | | | |
| STHEET ADDRESS | | | 4.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-S | T- ZIP | | | | |
| TIFLE | | ☐ DELETE | 5.1 TII | | | | | Change | Addition |
| NAME | | | 5.2 NA | | | | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | | | | |

CITY-ST-ZIP 64 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 eath; 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Solore D. Phil - DolORES N. ONEIL

4-14-98

850-492-1363

Change

FILED

Apr 22 1998 8:00am

Secretary of State