

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 758809

(8)

1. Corporation Name

SAND DOLLAR I, INC.

FILED

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

7990 HWY A1A SOUTH
ST AUGUSTINE FL 32086

Mailing Address

7990 HWY A1A SOUTH
ST AUGUSTINE FL 32086

3. Date Incorporated or Qualified

06/17/1981

3a. Date of Last Report

01/31/1994

4. FBI Number

59-2160319

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BUSCHER, B A
8050 SOUTH A1A
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

Chapman, Cindy S.

82 Street Address (P.O. Box Number is Not Acceptable)

7990 A1A South

83

XXXXX AUGUSTINE FL XXXX 32086 XXX

84 City

St. Augustine

85

Zip Code

FL

32086

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

CINDY S. CHAPMAN

Cindy S. Chapman

DATE

7-27-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D
NAME DEWS, JACKIE
STREET ADDRESS 303 SAND DOLLAR I, A1A
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE TD
NAME IRMIS, MILES
STREET ADDRESS 202 SAND DOLLAR I, A1A
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE D
NAME HARRISON, WILLARD
STREET ADDRESS 9414 S. W. AVE
CITY - ST - ZIP GAINESVILLE FL

TITLE PD
NAME GARDNER, HOWARD
STREET ADDRESS 503 SAND DOLLAR I, A1A
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE D
NAME HILLER, CHERYL
STREET ADDRESS 7990 A1A SOUTH
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE SD
NAME COOK, MARY
STREET ADDRESS 101 SAND DOLLAR I AIA S
CITY - ST - ZIP ST AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(a), 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:

Howard J. Gardner

7-27-95

904-471-1709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #