FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:17

DOCUMENT # 759620 (8)

1. Corporation Name
SAND PEBBLES OF ISLAMORADA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 496 ISLAMORADA FL 33036	P.O. BOX 496 ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1981
3a. Date of Last Report: 08/01/1994
4. FEI Number: 65-0484520 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 80450 OVERSEAS HIGHWAY	2a. Mailing Address 26 80450 OVERSEAS HIGHWAY
Suite, Apt. #, etc. 22 UNIT # 101	Suite, Apt. #, etc. 27 UNIT #101
City & State 23 ISLAMORADA, FLORIDA	City & State 28 ISLAMORADA, FLORIDA
Zip / Country 24 33036-3751 25 MONROE	Zip / Country 29 33036-3751 30 MONROE

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 ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAMBLIN, RAY V
80450 OVERSEAS HWY.
STE. 304
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name: JOHN D. WATSON
82 Street Address (P.O. Box Number is Not Acceptable): 7454 SOUTH WEST 48TH STREET
83
84 City: MIAMI FL 85 Zip Code: 33155

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: JOHN D. WATSON, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDP	11 TITLE		☐ Change ☐ Addition
NAME	EADS, MARION	12 NAME		
STREET ADDRESS	80450 OVERSEAS HIGHWAY	13 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL	14 CITY-ST-ZIP		
TITLE	DS	21 TITLE	DS	☒ Change ☐ Addition
NAME	PAYTON, RICHARD	22 NAME	BARBARA GOODRICH	
STREET ADDRESS	70 PARK TERRACE WEST, APT. E-34	23 STREET ADDRESS	5201 SANDS BLVD.	
CITY-ST-ZIP	NEW YORK CITY NY	24 CITY-ST-ZIP	CAPE CORAL, FLORIDA 33914	
TITLE	DPT	31 TITLE	DP	☒ Change ☐ Addition
NAME	SHAMBLIN, RAY V.	32 NAME	JOHN D. WATSON	
STREET ADDRESS	80450 OVERSEAS HWY.	33 STREET ADDRESS	7454 S.W. 48TH STREET	
CITY-ST-ZIP	ISLAMORADA FL	34 CITY-ST-ZIP	MIAMI, FLORIDA 33155	
TITLE		41 TITLE	T	☐ Change ☒ Addition
NAME		42 NAME	DENNIS J. TAYLOR	
STREET ADDRESS		43 STREET ADDRESS	80450 OVERSEAS HIGHWAY #101	
CITY-ST-ZIP		44 CITY-ST-ZIP	ISLAMORADA, FLORIDA 33036-3751	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: JOHN D. WATSON, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #