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 #

(2)

SANDERLING PROPERTY OWNER'S ASSOCIATION, INC.

FILED May 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						/m		I I TESTITOL DIA BOTAT TOCID CITOR LICUL ADAY BIRTH BIRTH BIRTH BIRTH BIRTH FIRM
9301 N A1A. STE 4			930	9301 N A1A, STE 4				3. Date Incorporated or Qualified
VERO BEACH FL 32963				VERO BEACH FL 32963				02/14/1985
US				us				4. FEI Number Applied For
								59-2592950 Not Applicable
2. Principal P	lace of Busine	ISS	2a.	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional
21				26				Fee Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22			27	27				Trust Fund Contribution
City & State				City & State				7. Is this nonprofit corporation a homeowners association?
Zip		Country	201	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	2	5	29	•	30]		Personal Property Tax due June 30. Yes No
=		nd Address of Curr		ered Agent		<u> </u>		10. Name and Address of New Registered Agent
						81	Name -	Thomas H Carries
HAWKS	LINDA					82	Stroot Ado	dress (P.O. Box Number is Not Acceptable)
0201 N A1A						1		9301 NAIA
STE 4	_					83		S-2.11
VERO B	EAOH FL 32	963				84	City	85 Zip Code
						64	City	VEROBEACH FL 32963
11. Pursuant	to the provision	ns of Sections 617.0	502 and 61	7.1508, Florida S	Statutes, 1	he above	-named cor	progration 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 a filling with accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	H	~ <u>`</u>						
	Signature, typed o	r printed name of registered a			(NOTE Re		nt signeture req.	aired when reinstaling) DATE
12.	. No.	OFFICERS A	ND DIREC			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD	THOMAS II		☐ DELETI	•	1.1 TITLE	-	☐ Change ☐ Addition
NAME	COLUNS, THOMAS H.					1.2 NAME		
STREET ADDRESS	S 9300 HWY A1A, SUITE 201 VERO BEACH FL					1.3 STREET		
CITY-ST-ZIP	DT VEHO BEACH FL			DELET	1.4 CITY-ST-ZIP DELETE 2.1 TITLE		17 - ZIP	☐ Change ☐ Addition
TITLE		MADONA		L. Decen	` I	2.2 NAME		- Onlingo - Caronion
NAME COREY ADDRESS	SHERRY, MARSHA 9301 N A1A, STE 4					2.3 STREET ADDRESS		
STREET ADDRESS	VERO BEACH FL					2. 4 City-St-Zip		
CITY+ST-ZIP TITLE	DS DE	NOTTE		DELET	E	3.1 TITLE	51-ZIF	☐ Change ☐ Addition
NAME	WELLS, C	MANE				3.2 NAME		· -
STREET ADDRESS		1A, STE 4			•	3.3 STREET	ADDRESS	
CITY-ST-ZIP	VERO BE				ı	3.4. CITY - S	- 1	
TITLE				☐ DELET	E	4.1 TITLE		☐ Change ☐ Addition
NAME					I	4. 2 NAME	1	
STREET ADDRESS					1	4.3 STREET	ADDRESS	
CITY-ST-ZIP	<u></u>					4.4 CITY-S	T-ZIP	
TITLE				☐ DELET	E	5.1 TITLE		☐ Change ☐ Addition
NAME					ŀ	5.2 NAME		
STREET ADDRESS					l l	5.3 STREET	ADDRESS	
CITY-ST-ZIP						5.4 CITY-\$	T-ZIP	
TITLE				DĒLET	E	6.1 TITLE		Change Addition
NAME						6.2 NAME		
STREET ADDRESS						6.3 STREET	ADDRESS	
CITY-ST-ZIP						6.4 CITY-S	17-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 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 attackment with an address.