

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N07759** (6)

1. Corporation Name
SANDY OAKS ASSOCIATION, INC.



Principal Place of Business: **745 SANDY OAKS CT. PONTE VEDRA BEACH FL 32082 US**
Mailing Address: **P. O. BOX 51403 JACKSONVILLE BCH. FL 32240 US**

3. Date Incorporated or Qualified: **02/21/1985**
3a. Date of Last Report: **03/02/1995**

| | | | |
|---|-------------------------|--|---|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| | | 59-2524137 | Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country |
| | | | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

**CROWLEY, JACK
521 ROBLES LANE
PONTE VEDRA BCH FL 32082**

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |
| 85. Zip Code | |

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CROWLEY, JACK | 1.2 NAME | D Tom CHANDLER, TOM |
| STREET ADDRESS | 521 ROBLES LANE | 1.3 STREET ADDRESS | 757 SANDY OAKS CT |
| CITY - ST - ZIP | PONTE VEDRA BCH FL | 1.4 CITY - ST - ZIP | PONTE VEDRA BCH, FL 32082 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTOYA, WILL | 2.2 NAME | |
| STREET ADDRESS | 758 SANDY OAKS CT | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PONTE VEDRA BCH FL | 2.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEEKS, ILONA | 3.2 NAME | |
| STREET ADDRESS | 506 CALI DR. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PONTE VEDRA BCH FL | 3.4 CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUELL, CARL | 4.2 NAME | |
| STREET ADDRESS | 745 SANDY OAKS CT | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | PONTE VEDRA BCH FL | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NIBI, BRENDA | 5.2 NAME | |
| STREET ADDRESS | 714 SANDY OAKS CT | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | PONTE VEDRA BCH. FL | 5.4 CITY - ST - ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COTTON, JONNIE | 6.2 NAME | |
| STREET ADDRESS | 537 ROBLES LANE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | PONTE VEDRA BCH FL | 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 119.07(3)(k), 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: Carl Tuell Date: 1/23/96 Daytime Phone #: (904)285-2685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)