

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
745 SANDY OAKS CT. P.O. BOX 51400
PONTE VEDRA BEACH FL 32082 JACKSONVILLE BCH FL 32240-1403
US US

3. Date Incorporated or Qualified 02/21/1985
3a. Date of Last Report 01/31/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	59-2524137		Not Applicable
22	23	27	28	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
	Ponte Vedra Beach FL		Ponte Vedra Beach FL	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Zip Country		Zip Country			
	32004 US		32004 US			

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			CARL TUELL
				82	Street Address (P.O. Box Number is Not Acceptable)			745 SANDY OAKS CT
				83	City			PONTE VEDRA BEACH FL
				84	Zip Code			32082

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: CARL TUELL Carl Tuell 3/22/97
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CROWLEY, JACK		1.2 NAME	LEFEVRE, CHRIS			
STREET ADDRESS	521 ROBLES LANE		1.3 STREET ADDRESS	763 SANDY OAKS CT			
CITY-ST-ZIP	PONTE VEDRA BCH FL		1.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MONTOYA, WILL		2.2 NAME	SMITH, EDWARD D.			
STREET ADDRESS	758 SANDY OAKS CT		2.3 STREET ADDRESS	562 ROBLES LN			
CITY-ST-ZIP	PONTE VEDRA BCH FL		2.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL			
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	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHANDLER, TOM		6.2 NAME				
STREET ADDRESS	757 SANDY OAKS CT.		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 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: CARL TUELL Carl Tuell 3/22/97 (904) 285-2685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2000391

CFR2E037 (9/96)