


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90074 033 \*\*\*\*61.25

0000034

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N07759**

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 2083 PONTE VEDRA BEACH FL 32004 US
---	---

194196 - 90074 - 33



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/21/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2524137
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TUPELL, CARL 745 SANDY OAKS CT 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, EDWARD D	1.2 NAME	PD Diane Egan
STREET ADDRESS	562 ROBLES LN	1.3 STREET ADDRESS	746 Sandy Oaks Ct
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEEKS, ILONA	2.2 NAME	SD Stephanie Carroll
STREET ADDRESS	506 CALI DR.	2.3 STREET ADDRESS	752 Sandy Oaks Ct
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUPELL, CARL	3.2 NAME	D Martha Manning-Jurey
STREET ADDRESS	745 SANDY OAKS CT	3.3 STREET ADDRESS	506 Cali Dr
CITY-ST-ZIP	PONTE VEDRA BCH FL	3.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIBI, BRENDA	4.2 NAME	
STREET ADDRESS	714 SANDY OAKS CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 attachment with an address, with all other like empowered.

SIGNATURE: Carl Tuell **SIGNATURE REQUIRED** 1/30/99 904-285-2685  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)