

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90133 047 ****61.25

DOCUMENT # N07759

1. Entity 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 32004-2083
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2524137	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TUELL, CARL 745 SANDY OAKS CT PONTE VEDRA BCH FL 32082			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME SMITH, EDWARD-D STREET ADDRESS 562 ROBLES LN CITY-ST-ZIP PONTE VEDRA BCH FL	<input checked="" type="checkbox"/> Delete	TITLE SD NAME HAFNER, MARY BETH STREET ADDRESS 730 SANDY OAKS CT CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME CARROLL, STEPHENIE STREET ADDRESS 752 SANDY OAKS CT CITY-ST-ZIP PONTE VEDRA BCH FL 32082	<input checked="" type="checkbox"/> Delete	TITLE D NAME Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TUELL, CARL STREET ADDRESS 745 SANDY OAKS CT CITY-ST-ZIP PONTE VEDRA BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NIBI, BRENDA STREET ADDRESS 714 SANDY OAKS CT CITY-ST-ZIP PONTE VEDRA BCH. FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME EGAN, DIANE STREET ADDRESS 746 SANDY OAKS CT CITY-ST-ZIP PONTE VERDA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MANHNING-JUREY, MARTHA STREET ADDRESS 506 CALI DR CITY-ST-ZIP PONTE VERDA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl Tuell **RECORDED** 3/26/2000 Date 904 928 9668 Daytime Phone #

CR2E037 19/99