

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90154 041 ****61.25

DOCUMENT # N07759

1. Entity Name

SANDY OAKS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

745 SANDY OAKS CT.
 PONTE VEDRA BEACH FL 32082
 US

P O BOX 2083
 PONTE VEDRA BEACH FL 32004
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2524137**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, STEPHENIE	
STREET ADDRESS	752 SANDY OAKS CT	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUELL, CARL	
STREET ADDRESS	745 SANDY OAKS CT	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIBI, BRENDA	
STREET ADDRESS	714 SANDY OAKS CT	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EGAN, DIANE	
STREET ADDRESS	746 SANDY OAKS CT	
CITY-ST-ZIP	PONTE VERDA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANHNING-JUREY, MARTHA	
STREET ADDRESS	506 CALI DR	
CITY-ST-ZIP	PONTE VERDA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature of Carl Tuell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

904 285 2685

Daytime Phone #

CR2E037 (9/01)