


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90007 034 \*\*\*\*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  
US**

**04021617**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number: **59-2524137**  
Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TUELL, CARL  
745 SANDY OAKS CT  
PONTE VEDRA BCH FL 32082**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	TD TUELL, CARL	<input type="checkbox"/> Delete
STREET ADDRESS	745 SANDY OAKS CT	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE NAME	SD NIBI, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	714 SANDY OAKS CT	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE NAME	D MANHNING-JUREY, MARTHA	<input type="checkbox"/> Delete
STREET ADDRESS	506 CALI DR	
CITY-ST-ZIP	PONTE VERDA BEACH FL 32082	
TITLE NAME	PD EVANSON, MARILYN	<input type="checkbox"/> Delete
STREET ADDRESS	521 ROBLES LN.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE NAME	D DALLAM, DANIEL	<input type="checkbox"/> Delete
STREET ADDRESS	751 SANDY OAKS CT.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Carl Tuell 3/22/04 904 285 2685  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #