


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90021 044 ****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**

00010440



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01242005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2524137

Applied For
 Not Applicable

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

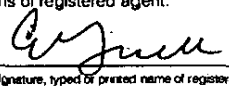
6. Name and Address of Current Registered Agent

**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  DATE **1/24/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUELL, CARL			NAME			
STREET ADDRESS	745 SANDY OAKS CT			STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BCH, FL			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NIBI, BRENDA			NAME			
STREET ADDRESS	714 SANDY OAKS CT			STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BCH., FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANHNING-JUREY, MARTHA			NAME			
STREET ADDRESS	506 CALI DR			STREET ADDRESS			
CITY-ST-ZIP	PONTE VERDA BEACH, FL 32082			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANSON, MARILYN			NAME			
STREET ADDRESS	521 ROBLES LN.			STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALLAM, DANIEL			NAME			
STREET ADDRESS	751 SANDY OAKS CT.			STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  DATE **1/24/05** DAYTIME PHONE # **904-477-0148**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR